



St. Luke Community Healthcare Foundation

The **HEART** of the Mission Valley

DONATION FORM

Please mail this completed form with your check payable to St. Luke Foundation or credit card information to:

St. Luke Community Healthcare Foundation
Attention Gayle Wilhelm
107 6th Ave. SW
Ronan, Montana 59864

Or call us at 406.528.5324

I want to support the St. Luke Community Healthcare by donating \$ _____
to the St. Luke Foundation

Name(s): _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ e-mail address _____

Please charge my Credit Card

Visa MasterCard Discover American Express

Name on the Card: _____

Card Number _____

Expiration Date: _____ CVV Code on the back _____

Signature _____

This gift is in Honor or Memory of: _____

I wish to remain anonymous

Please contact me about other ways to give.