

GIVING TOGETHER FOR THE FLATHEAD VALLEY

THANK YOU FOR JOINING THE CIRCLE OF GIVING!

Please list the name(s) you
would like us to display when
acknowledging your gift:



- Donation Amount \$ _____ (\$5,000 Minimum)
- I wish to remain anonymous.

Name

Mailing Address (for tax receipt)

City

State

Zip

Phone

Email

DONATION OPTIONS:

- Check Enclosed (Make payable to WCF)
- Donor Advised Fund/IRA
- Gift of Appreciated Securities
- Credit Card

Name on Card

Card #

Expiration Date

CVV Code#

Signature



Giving Together for the Flathead Valley

P.O. Box 1060 • 214 West 2nd Street
Whitefish, MT 59937 • 406-863-1781
contact@whitefishcommunityfoundation.org
whitefishcommunityfoundation.org