

# Donation Record Form

*Please fill out and enclose/bring with your donation.  
An acknowledgement of your gift will be mailed to you. Thank you.*

Name _____
Representing (Organization Name) _____
Address _____
City _____ State _____ Zip _____
Phone (home) _____ (cell) _____
E-mail Address _____
Description of Donation: _____ _____
Value (if desired) \$ _____

*Thank you! Your gift to our children is deeply appreciated.*

Please deliver items to:  
Intermountain Development Building  
500 S. Lamborn St., Helena  
8am – 5pm  
Monday through Friday  
(406) 457-4804

Received by \_\_\_\_\_ Date \_\_\_\_\_