



Angel's Wing of Montana
Capital Campaign Pledge/Contribution Form

Tax ID 81-1651406

A Whole New Beginning

Any contribution you make will help our families learn to stand strong.

- Please make my gift in the name/honor of:
I would like my gift to remain anonymous.
My employer has a matching gift program. Employer

Donor Name (s) :
Address:
City/ST/Zip
Phone:
email:

I/We wish to support the Capital Campaign with a three-year pledge as follows:

Total Gift or Pledge Amount: \$ / Initial Payments \$ Balance Due \$

This is a : One Time Payment Monthly Quarterly Starting
Set Dates:

I/We support the Annual Fund :\$ / Initial Payments\$ Balance Due \$

This is a : One Time Payment Monthly Quarterly Starting
Set Dates:

Please note any Special Naming Instructions :

Method of Payment: Cash Check Please contact me regarding Credit Card or EFT Option

Pledges are voluntary and not legally binding. Actual contributions are tax deductible. Angel's Wing of Montana does not sell or share donor information with any other entity.

Donor Signature Date Second Donor Signature Date

Donor Name Printed Date Second Donor Name Printed Date

Witness Signature Date Witness Name Printed Date

Mail this completed for to 1202 Blackberry Way, Billings, MT 59106
Make Checks payable to Angel's Wing of Montana.

Thank you for helping to bring Peace, Light and Hope to our families.

www.angelswingofmontana.org