



Donation Record Form

Please fill out and enclose/bring with your donation.

An acknowledgement of you gift will be mailed to you. Thank you!

Name _____

Representing (Organization Name) _____

Address _____

City _____ State _____ Zip _____

Phone (day) _____ (evening) _____

Email Address _____

Description of Donation: _____

Value – Necessary to document community support \$ _____

The IRS does not allow EMCMHC to place a value on donations.

--OR--Enclosed is a check made payable to EMCMHC for items most needed at EMCMHC.

Received by _____ Date _____

Thank you! Your gift to our organization is deeply appreciated.

Donations for EMCMHC can be delivered Monday through Friday from 8:00 am – 5:00 pm to:

2508 Wilson St.

2016 N. Merrill

1201 W. Holly, Suite 4

1009 Sixth Avenue N

Miles City, MT 59301

Glendive, MT 59330

Sidney, MT 59270

Glasgow, MT 59230

406-234-0234

406-377-6075

406-433-4635

406-228-9349