	Part	nering for the Future	Partnerin	g for the Future
YES! In recognition and ap <i>Future</i> campaign, I /we wou Enclosed is a tax deductible	* Donations over \$1000	YES! In recognition and appro <i>Future</i> campaign, I /we would Enclosed is a tax deductible cc OR I/We pledge \$ beginning on Signature Address	Address	Enclosed is a tax deductible c OR I/We pledge \$ beginning on Signature
YES! In recognition and appreciation for the health care services and programs provided by Mountrail County Health Cen <i>Future</i> campaign, I /we would like to make the following gift/pledge: Enclosed is a tax deductible contribution in the amount of \$ in honor/memory of	st Donations over \$1000 will be recognized in an area in the new clinic . st	YES! In recognition and appreciation for the health care services and programs provided by Mountrail County Health Center , and in support of the <i>Partnering for the Future</i> campaign, I /we would like to make the following gift/pledge: Enclosed is a tax deductible contribution in the amount of \$ in honor/memory of We pledge \$ Attached is \$ The balance will be paid over the next2345 or other years, beginning on(date) of which payments will be made: Annually Quarterly Monthly or as follows	* Donations over \$1000 will be recognized in an area in the new clinic . *	Enclosed is a tax deductible contribution in the amount of \$ in honor/memory of OR I/We pledge \$ Attached is \$ The balance will be paid over the next23 beginning on(date) of which payments will be made:AnnuallyQuarterlyMonthly or as foll ows Signature
ams provided by Mountrail Count ; in honor/memory of	* Pricesing for The Frees	programs provided by Mountrail County H 	* Receivery for The Access	in honor/memory of The balance will be paid over the next tade:AnnuallyQuarterlyMonth
y Health Center , and in support of the <i>Partnering for the</i>	Make Checks Payable to: Mountrail County Health Foundation P.O. Box 522 Stanley ND 58784	Sounty Health Center, and in support of the <i>Partnering</i>	Make Checks Payable to: Mountrail County Health Foundation P.O. Box 522 Stanley ND 58784	_2345 or other years, ly or as follows

YES! In recognition and appreciation for the health care services and programs provided by Mountrail County Health Center, and in support of the Partnering for the

st Donations over \$1000 will be recognized in an area in the new clinic . st

Partnering for the Future

Signature Address I/We pledge \$_

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Make Checks Payable to: Mountrail County Health Foundation P.O. Box 522 Stanley ND 58784