

Partnering for the Future

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 Future* 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 _____

OR

I/We pledge \$ _____. Attached is \$ _____. The balance will be paid over the next 2 3 4 5 or other years, beginning on _____ (date) of which payments will be made: Annually Quarterly Monthly or as follows _____

Signature _____

Address _____

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



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

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