

## *Tribute Gifts*

I would like to make a contribution in honor of:

\_\_\_\_\_  
Name

Occasion:

- Anniversary
- Birthday
- Congratulations
- Holiday
- Promotion
- Retirement
- Thank You
- Other \_\_\_\_\_

## *Memorial Gifts*

I would like to make a contribution in memory of:

\_\_\_\_\_  
Name

Please send a tribute or memorial card to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

A notice of your donation will be listed in the Montana PTA *Bulletin* following your contribution.

## *Donor*

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
E-Mail

**Enclosed is my gift:**

- \$25
- \$50
- \$75
- \$100
- Other \$ \_\_\_\_\_

Please enclose check made payable to:

**MONTANA PTA  
PO BOX 6448  
GREAT FALLS, MT 59406**

*Your support makes a lasting difference. Thank you for helping Montana PTA build a better future for all children.*

All donations are tax deductible, receipt available upon request.