

DAY OF
GIVING & UNITY

GIVING
TUESDAY



DAY OF GIVING & UNITY DONATION FORM

Name _____ Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

NAMES OF NONPROFITS I WOULD LIKE TO DONATE TO:

AMOUNT DESIGNATED:

*Checks should be made out to WHITEFISH COMMUNITY FOUNDATION.

*TOTAL AMOUNT ENCLOSED:

406-863-1781 | P.O. Box 1060 | 214 West 2nd Street, Suite 1 | Whitefish, Montana 59937 | whitefishcommunityfoundation.org
