

## **Donation Form**

Please appl	ly my gift toward the following program(s)	
	(Check all that apply):	
	General Fund	
	Cooke City Montana Museum	
	Shakespeare in the Park Event	
	Other Designation:	
	Community Projects, i.e., ballfield, Christmas, Easter etc.	
	Please identify if you want your donation to go to a specific project	
Council. Ma Your Name:	nstructions: For tax donation purposes, please make checks payable to the Con ail to Community Council, P.O. Box 1134, Cooke City, MT 59020 :	
	Zip:	
	*Email:	
	*Do you give us permission to send emails in the future? (You may have already given us permission)	□ Yes □ No
I would like	my donation to be:   In Honor  In Memory	
Of:		
	gment Letter will be sent to you and	
Address:		

Mission Statement: Maintain and sustain our Community by creating projects that support the health, safety, welfare, and enjoyment of all people through educational and charitable actions.