

**Billings Montana Chapter of
The Compassionate Friends**

Donation Form

1. Please fill in your name, address and phone number below.

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____ (Optional)

I'd like to donate to the "Rose Park Sanctuary Fund."

I'd like to give a "Love Gift"

I'm enclosing \$ _____

In memory of: _____

Son Daughter Sibling Grandchild Other _____

2. Mail this form, and your check payable to Compassionate Friends to:

Compassionate Friends
P.O. Box 50395
Billings, MT 59105

3. Please call 406-850-1558 if you have questions.