



YES! I want to help MSU—Great Falls raise critical funds for deserving students and programs.

That's why I have enclosed my gift to our community's college in the amount of:

\$100 \$ 250 \$ 500 \$1000 \$ 2500 Other _____

Name

Address

City

State

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E-mail Address

To charge your gift or utilize other payment options, please see the reverse side of this card. Gifts are tax-deductible to the extent provided by law.

Please Remit to:

2100 16th Avenue South

Great Falls, MT 59405

MSU—Great Falls

404.771.4412

Development Office

thomas.figarelle@msugf.edu

Please direct my gift to:

General Health Sciences Scholarship \$ _____

Faculty Development \$ _____

Specific Academic Program Scholarship \$ _____

Please Specify the Program _____

General College Support \$ _____

I have enclosed a check payable to MSU—Great Falls.

I prefer to charge my gift to my credit card.



Card Number _____ - _____ - _____ - _____

Expiration Date _____ CVN Code _____

Signature (required) _____

Thank you in advance for your generous donation to MSU—Great Falls. Your gift is truly an investment in the future of our institution, our deserving students, and public higher education across Northcentral Montana.