



## Raw Deal Run Community Fundraiser Form

It is easy and smart to give through the Raw Deal Run Community Fundraising Campaign because the matching money from our Match Fund automatically increases the value of what you donate. This means more money for your favorite Organizations! 100% of your contribution is tax-deductible.

Name(s) \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I would like to make a donation of \$\_\_\_\_\_ to be designated to **one or more of the following funds:**

- |  |  |
|--|--|
| \$_____ Match Fund - helps ALL organizations | \$_____ Sweet Grass Community Foundation         |
| \$_____ ASPEN                                | \$_____ Sweet Grass County Ambulance             |
| \$_____ Big Timber After School Club         | \$_____ Sweet Grass County High School           |
| \$_____ Crazy Mountain Dog Park              | \$_____ SGC Search and Rescue                    |
| \$_____ Crazy Mountain Museum                | \$_____ SGC Chamber of Commerce                  |
| \$_____ Crazy Mountain Wrestling Club        | \$_____ Sweet Grass County Partners in Education |
| \$_____ Crazy Peak Cattle Women              | \$_____ Sweet Grass Recycle                      |
| \$_____ Friends of Dornix Park               | \$_____ Sweet Grass Technical Institute          |
| \$_____ Friends of the Library               |  |
| \$_____ Hearts and Hands Hospice             |  |
| \$_____ Hospitality House Senior Center      |  |
| \$_____ Sweet Grass Arts Alliance            |  |
| \$_____ Sweet Grass Cancer Alliance          |  |

\* Total Gift Amount: \$\_\_\_\_\_ (sum of multiple fund designations)

\_\_\_\_ Enclosed is a check for my donation    OR    \_\_\_\_ My credit card information is listed below for my donation.

Please transfer my gift from my credit card.

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_



I understand that I may contact Sweet Grass Community Foundation by phone or mail with any questions regarding my donation.

\* Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

*Please make a copy to keep for your records, or you may request a copy from:*

Sweet Grass Community Foundation | P.O. Box 517 | Big Timber, MT 59011  
(406) 932-3090 | [www.sweetgrasscommunityfoundation.org](http://www.sweetgrasscommunityfoundation.org)