



**St. James Healthcare Foundation  
Gift Form**

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Yes! I want to help the St. James Healthcare Foundation sustain its leadership role in delivering quality healthcare to our community. For more information, please contact the Foundation at 406.782.5640 or 406.782.5670.

1. Please print name clearly:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

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2. Enclosed is my gift of \$ \_\_\_\_\_ (Make checks payable to the St. James Healthcare Foundation)

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3. Please use my gift to support:

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• My gift is in honor/in memory of:

\_\_\_\_\_

Please inform (name and address):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

I prefer that my gift remain anonymous.

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4. Print this gift form and mail or fax it to:

St. James Healthcare Foundation

425 Porphyry Street

PO Box 3300

Butte, MT 59701

406.782.5640 or 406.782.5670

Fax: 406.782.5643

[foundation@sjch.org](mailto:foundation@sjch.org)

Your contribution is tax-deductible.