



Our Lady of the Rockies

3100 Harrison Avenue * Butte, MT 59701 * (406) 782-1221

MEMORIALS, DONATIONS, ETC.

Enclosed is a contribution in the amount of \$ _____

[In loving memory of] or _____

Memorial

Truam

Donation

Anniversary

Get Well

Other _____

NOTIFY:

Name _____

Address _____

City _____ State _____ Zip _____

DONOR:

Name _____

Address _____

City _____ State _____ Zip _____

(Use reverse for additional information)

The following to be filled out by OLR volunteers only:

WRITTEN BY _____ APPROVED BY _____

Date Received _____ Card(s) sent to Family []

Check No. _____ Card(s) sent to Donor []
(or write "CA" if cash)

Receipt No. _____ OR: Card(s) Taken []

Initials of Volunteer _____