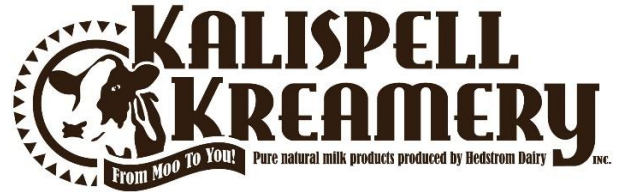


Donation Form



For donation requests, please fill out and return to us at least 1 week ahead of requested donation. Requests for product are more likely to be approved than monetary requests.

Recipient Information

BUSINESS NAME	NAME (LAST, FIRST, M.I.)
STREET ADDRESS	EMAIL
CITY, STATE, ZIP	PHONE
WEBSITE	ALTERNATE PHONE

Donation Description

CHECK ONE: <input type="checkbox"/> CASH <input type="checkbox"/> PRODUCT / ITEM <input type="checkbox"/> SERVICE <input type="checkbox"/> OTHER	
AMOUNT / DESCRIPTION	DATE
NOTES	

Contact Information

Kalispell Creamery

480 Lost Creek Dr.
Kalispell MT 59901

www.kalispellcreamery.com

Mary Tuck

Office Manager

Phone: (406) 756-6455

Fax: (406) 755-6457

Email: mary@kalispellcreamery.com