



DONATION CARD

SHOP | DONATE | VOLUNTEER

Name _____ Employer _____ Email _____

Address _____ City _____ State _____ Phone _____

Please mail this form and your contribution to:

HABITAT FOR HUMANITY OF FLATHEAD VALLEY
2535 HIGHWAY 93 SOUTH
KALISPELL, MT. 59901

Or visit our website at: www.habitatflathead.org
to make an online donation.

Signature is REQUIRED for Credit Card Donations.

SIGNATURE

DATE

CHECK (checks payable to Habitat for Humanity of Flathead Valley)

I AM ENCLOSING A CHECK for \$ _____ -OR-

ONE TIME -OR- MONTHLY CREDIT CARD DONATIONS

Account Number _____ Exp. date ____ / ____
CVC # _____

I hereby authorize Habitat for Humanity of Flathead Valley to charge
the above credit card \$ _____ on or around the 15th of
each month for _____ month(s), starting ____ / ____ / ____