

# Donation Remittance Form



Date: \_\_\_\_\_ Affiliate Name: \_\_\_\_\_  
Fund Representative: \_\_\_\_\_  
Fund Representative Email: \_\_\_\_\_ Fund Representative Phone: \_\_\_\_\_

Person's First and Last name or Business Name *	Mailing Address (Street or P.O. Box)	City	State	Zip Code	Donation Amount	Check #	Add to Endowment?	Add to Grantable?	Anonymous?	Memorial or Honorarium? **

\*A business check cannot be used for a personal contribution. The charitable contribution will be given to the name/person/business identified on check.

\*\* If a donation is intended to be an honorarium or memorial gift, please complete section on page two of this form.

*When completed, print and sign on page two.*

## Procedures

1. For each check/transaction, all fields must be complete to be processed.
2. All donations should indicate appropriate fund placement (endowment or grantable). For donations intended to pay for administrative expenses, a grant recommendation must be processed from the portal. Please refer to the *LCF Affiliate Policies and Procedure Manual* for questions.
3. If not otherwise specified, all donations will be added to the endowed portion of the fund.
4. If the gift is intended to be a memorial or honorarium, please indicate who should receive the notification letter below. For each gift, please fill in all information.
5. Affiliate Donation Remittance Forms must be signed (electronic signature is accepted) by the Fund Representative.
6. Should you need additional space, please use additional forms.
7. Please mail this form with corresponding checks to:

**Montana Community Foundation**  
**PO Box 1145**  
**Helena, MT 59624**

Additional information for memorials and honorariums:

Name of Person Being Memorialized/Honored	Name of Person Receiving Memorial/Honorarium	Mailing Address (Street or P.O. Box)	City	State	Zip Code	To which donation does this link? (list donor name from page one)

**For questions, contact Taylor Crawl, Local Community Foundations Program Officer,  
at [taylor@mtcf.org](mailto:taylor@mtcf.org) or (406) 603-4913.**

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Signature of Fund Representative

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Date