

Lewis & Clark Children's Assistance Fund  
Donation Form

Enclosed is my contribution. I pledge to help the children served by Lewis & Clark Behavioral Health Services, Inc.

\$25       \$50       \$75       \$100       \$250       \$500

\$1,000       \$2,500       \$\_\_\_\_\_

Donor Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Amount Enclosed

Please bill me       monthly       quarterly       yearly

Accept this in Memory of \_\_\_\_\_

Please make checks payable to Lewis & Clark Behavioral Health Services, Inc., a 501(c)(3) tax exempt organization.

Please charge my  Visa       Mastercard

# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature Required

\_\_\_\_\_  
Date

For further information or to make a contribution over the phone, please contact Glen Mechtenberg, Business Manager, at (605) 665-4606 Ext. 224.