



DONATION FORM

“PFLAG (Parents, Families and Friends of Lesbians and Gays) promotes the health and well-being of gay, lesbian, bisexual and transgender persons, their families and friends through: support, to cope with an adverse society; education, to enlighten an ill-informed public; and advocacy, to end discrimination and to secure equal civil rights. PFLAG acts to create a society that is healthy and respectful of human diversity.” PFLAG Mission Statement (www.PFLAG.org)

Name: _____ Date _____

Business: _____

Address: _____

Phone: _____ Email: _____

Signature: _____

Your signature means you agree with and support the mission of PFLAG.

Do **NOT** include my information in the donor directory

Donation levels:

Friend \$50

Fellow \$75

Patron \$100

Rainbow \$250

Queen \$500

King \$1000

My company will match my donation: _____

Company name

In Honor of

In Memory of

Gift of Membership

Name: _____

Mail a letter on my behalf: _____

Address, City, State, Zip

Bring your completed application with check or money order made out to PFLAG Hamilton Bitterroot to our monthly meeting or mail to: PFLAG Hamilton Bitterroot, PO Box 202, Hamilton, MT 59840

PFLAGHamiltonBitterroot@yahoo.com

<http://pflaghiltonbitterroot.org>

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