



**ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC.**  
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### Rocky Family Member Form

**I would like to make the following monthly contribution:**

\$5       \$10       \$20       \$30

\*Your gift will be charged on a recurrent monthly basis.

**Cardholder Name:** \_\_\_\_\_ **Card #:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

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We would like to publicly recognize your gift on our website, social media, and other publications. If you would like your gift to be made in honor of someone else, or to not be publicly recognized, please let us know.

Thank you in advance for your generous philanthropy. Your gift improves the lives, and strengthens the communities of individuals and families in the Tri-County area..