



Montana Weed Control Association
P.O. Box 315
Twin Bridges, MT 59754

DONATION FORM

NAME/COMPANY NAME _____

CONTACT PERSON _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ E-MAIL _____

DESCRIPTION OF DONATION *(PLEASE BE AS SPECIFIC AS POSSIBLE)*

SPECIAL INSTRUCTIONS OR INFORMATION REGARDING DONATION _____

VALUE OF DONATION \$ _____ EXPIRATION DATE _____

DONOR'S SIGNATURE _____ DATE _____

PHONE _____

NOTE: The MWCA reserves the right to exhibit this donation and place it in the auction program in a manner deemed appropriate by the Auction Committee.
