

TRANS-MONTANA

Snowmobile Charity Ride For



Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Pledge Amt. \$ _____

Participant/Rider Name: _____



Make Checks Payable to:
Trans-Montana
2017 13th Street S.W.
Great Falls, MT 59404

TRANS-MONTANA

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Snowmobile Charity Ride



Thank you for your pledge of

\$ _____

Participant/Rider Signature _____



Date _____



501(c)(3) Charities

(Save this receipt for your records)
www.trans-montana.org

Our 501(c)(3) number is: 23-7400043

TRANS-MONTANA

Snowmobile Charity Ride



Thank you for your pledge of

\$ _____

Participant/Rider Signature _____



Date _____



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