

# DONATION FORM

To:	State of Montana Department of Natural Resources and Conservation Forestry Division PO Box 201601 Helena MT 59620-1601 EIN # 81-0302402
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Donor Organization Information: Name _____ Address _____ _____ _____ Phone _____ _____	Date: _____
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Qty	Description of Purpose of Funds	Amount
N/A	Costs associated with implementation of Montana Good Neighbor Authority (MGNA) program, under which Montana DNRC will work with the US Forest Service to accomplish GNA projects intended to increase the pace and scale of forest management and restoration in Montana.	\$

*DNRC coding: Warrant code: GNA Donations, 581405/02500/15/2019/R06*

Donor Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_