



DATE _____

RECEIVED FROM: _____

AMOUNT: _____

For Reporting purposes, we need the following on all contributions:

FULL NAME OF DONOR _____

ADDRESS _____

CITY, STATE, ZIP _____

For individual donations, we also need the following:

OCCUPATION _____

EMPLOYER _____

I would be willing to put up a yard sign _____

Please add me to the endorsement list _____

I would like to volunteer _____

Paid for by YES FOR KIDS, P.O. Box 31177, Billings, MT 59107-1177
Darla Huebner, Treasurer