CITY OF BILLINGS

Police Department

220 North 27th Street * Billings, MT 59101
P O Box 1554 * Billings, MT 59103-1554
(406) 657-8460 * Fax (406) 657-8417 * bpd@ci.billings.mt.us

CITY OF BILLINGS DONOR VERIFICATION

Department Police Department

Please complete the information below concerning your recent donation to the City of Billings. As soon as we received the completed verification form, your donation will be acknowledged and forwarded to the City Council for acceptance. Thank you for your generosity.

Donor: _____

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Donation: _____

Value of Donation: _____

Purpose of Donation: (Montana Law allows you to designate a specific purpose for which your donation will be used)

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Please print below how you wish your name to be listed:

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Date: _____

☐ I wish to remain anonymous.*

*If you wish to make a donation and remain anonymous, the City will attempt to keep your donation anonymous. However, the City cannot guarantee your anonymity as most financial records of the City are matters of public record and are available to the public upon request. Please check here if you wish to remain anonymous.