

Pledge a Picketeer



Name _____

Phone _____

Address _____

Email _____

- I pledge \$_____ per picketed day for _____ days
- I pledge \$_____ per picketed hour for _____ hours
- I will make a one time pledge of \$_____

Send or drop off your pledge to Blue Mountain Clinic. 610 N. California St., Missoula, MT 59802