

I WANT TO HELP SAVE LIVES IN ALASKA!

My One-Time Gift: \$5,000 \$2,500 \$1,000 \$500 \$250 \$100 \$50 \$25 Other: _____

Monthly
My Ongoing Gift: \$500 \$250 \$100 \$50 \$25 Other: _____

Quarterly

**Please include a voided check for ongoing gifts from your checking account.*

CREDIT CARD NUMBER / EXPIRATION DATE CVV (3-DIGIT NUMBER ON BACK OF YOUR CARD)

I authorize my bank or credit card company to transfer funds according to the selection(s) above until further notice. I understand that I am in full control of my donation and can make changes or cancel at any time. I prefer a transfer date to take place on the (please circle one) 5th or 20th of the month starting in (month) _____ of (year) 20____.

NAME DATE SIGNATURE

PLEASE PROVIDE YOUR *BILLING* ADDRESS INFORMATION

NAME(s)

C.C. BILLING ADDRESS SUITE / APT #

CITY STATE ZIP CODE

MAILING ADDRESS (IF DIFFERENT FROM BILLING ADDRESS) SUITE / APT #

CITY STATE ZIP CODE

I WANT TO GET INVOLVED!

EMAIL () HOME - () MOBILE -

Email Phone Mobile Text