

I WANT TO HELP SAVE LIVES IN ALASKA!

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

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

**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 as soon as possible.

NAME **DATE** **SIGNATURE**

PLEASE PROVIDE YOUR **BILLING** ADDRESS INFORMATION

NAME(s)

C.C. BILLING ADDRESS **SUITE / APT #**

CITY **STATE** **ZIP CODE**

EMAIL () - () - **HOME** **MOBILE**

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

CITY **STATE** **ZIP CODE**

Alaska Right to Life is a 501(c)3 Non-Profit Education and Ministry Organization. Gifts to Alaska Right to Life are tax-deductible under IRC 501(c)(3) for individuals and businesses.

The Alaska Right to Life, Inc. EIN is 23-7296915

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