



Giving Form

*All personal information will remain confidential, according to your wishes below.

Please provide us your name and address so that we can thank you for giving and provide a receipt, even if you choose to remain anonymous.

Your Information

Today's Date: _____

Name: _____

Mailing Address: _____

Ilisagvik College has my permission to list me as a donor by name in its publications.

I prefer to remain anonymous.

Add me to the Ilisagvik College News email list!

Email Address: _____

Credit Card # _____

Expiration MM/YY _____

CVC _____

Your Gift

Donation Amount Enclosed: _____

Cash Check Card

Credit Card Number _____

How would you like your donation to be used?

General Support

Program(s): _____

Some Ilisagvik Programs: Summer Camps, Allied Health, Workforce Development, AA Degree.
Go to www.ilisagvik.edu to find out more!

Ilisagvik College Foundation

Prefer to donate online? <https://www.razoo.com/story/Ilisagvik-College> or pay by phone at 907.852.1772

Signature/Printed Name

Date

Please forward completed form to:

Ilisagvik College

ATTN: Institutional Advancement

P.O. Box 749

Barrow, AK 99723

Ilisagvik College is a 501(c)3 Nonprofit Organization. Upon receiving your gift, we will send you a receipt which you can use to claim this donation on your annual taxes.

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