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: _____

_____

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

☐ **I prefer to remain anonymous.**

☐ **Add me to the Iḷisaġvik 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 Iḷisaġvik Programs: Summer Camps, Allied Health, Workforce Development, AA Degree.
Go to www.ilisagvik.edu to find out more!

☐ Iḷisaġvik College Foundation

Prefer to donate online? https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=L67CD27BSQFGU **or pay by phone at 907.852.1772**

_____ _____
Signature/Printed Name **Date**

Please forward completed form to:
Iḷisaġvik College | ATTN: Institutional Advancement
P.O. Box 749 Barrow, AK 99723
Iḷisaġvik 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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