

# Alaska CARES

Name_____	Yes, I Care!	
Company_____		
Mailing address_____		
City_____	State_____	ZIP code_____
Email_____	Phone_____	

## GIFT INFORMATION

- Single payment of \$\_\_\_\_\_
- Pledge of \$\_\_\_\_\_ to be paid over\_\_\_\_\_ years  
in the amount of \$\_\_\_\_\_ per  month  year
- An estate plan gift of \_\_\_\_\_  percentage  dollar amount
- My company\_\_\_\_\_ will match my gift up to \$\_\_\_\_\_
- Fund Names\_\_\_\_\_

## PAYMENT INFORMATION

- Visa or MasterCard# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration\_\_ / \_\_  
Signature\_\_\_\_\_ Date\_\_\_\_\_
- Check (*payable to Providence Alaska Foundation*)
- Other\_\_\_\_\_

## RECOGNITION INFORMATION

- Recognition listing:\_\_\_\_\_
- Other considerations\_\_\_\_\_

***Thank you for your generous support!***