



Aqqualuk Trust Pledge Form

I personally pledge a total gift of: \$ _____

Signature to authorize pledge: _____ Date: _____

Employer _____ City I work in: _____

First Name: _____ Last Name: _____

Recognition: ☐ Please list my name as: _____

☐ I wish my gift to remain anonymous

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work phone: _____

Email: _____

I would like my gift to support:

☐ Where it is needed most ☐ Inupiat Language preservation ☐ Educational Scholarship Fund

☐ Camp Sivunniigvik

Method of Payment:

☐ Payroll Deduction \$ _____ per pay period ☐ Every pay period ☐ Once a month ☐ Once a year

☐ Cash

☐ Check (please make payable to: *Aqqualuk Trust*)

☐ Credit Card: _____ one time charge _____ monthly charge

_____ Visa _____ MC _____ Discover

Card Number: _____ Expiration Date: _____

Billing Address: _____

Your gift is tax deductible as permitted by law. No goods or services were provided in return for your contribution. Our tax ID # is 94-3116762. Thanks again!

Thank you for empowering the Inupiat people!