

Donor information

Name _____
Company _____
Mailing address _____
City _____ State _____ ZIP code _____
Email _____ Phone _____

Gift information

My/our gift is a:

- Single payment of \$ _____
Pledge of \$ _____ To be paid over _____ years
In the amount of \$ _____ per year/month
Planned gift — Providence Alaska Foundation is in my/our will estate plan
Please send pledge reminders
Matching gift
My company _____ will match my gift up to \$ _____

Please designate my/our gift to:

- Area of Greatest Need
The Children’s Hospital at Providence
Providence Extended Care Center
Providence Senior Care Center
Providence Cancer Center
Other _____
Designate _____ %/\$ of my gift to the Providence Alaska Foundation Endowment, ensuring these programs and services are available for future generations of Alaskans.

Method of payment

Credit Card

- Visa MasterCard Card# _____ - _____ - _____ - _____ Exp. date _____ / _____
Check (payable to the Providence Alaska Foundation)
Other _____

Signature

Signature _____ Date _____

Please publish my/our name as _____

- I/we wish this gift to be anonymous.

Thank you for your generous gift.