



Pledge Form

Please mail or fax pledge form to:
Aqqaaluk Trust
PO Box 509
Kotzebue, AK 99752
Fax: 1-907-442-2289

Donor Information (please print or type)

Name

Billing Address

City

State

ZIP Code

Telephone (home)

Telephone (business)

FAX

Email

Pledge Information

I (we) pledge a total of \$ _____ to be paid:

Now Monthly Quarterly Annually

Credit card type

Credit card number

Expiration date

Authorized Signature

Please check one: Scholarships Camp Sivuunigvik Administration Where needed

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

I (we) wish to have our gift remain anonymous.

Signature(s)

Date