

# The Healthiest People Campaign

## Donation and Pledge Form

### Donor Information:

Name(s): \_\_\_\_\_  I/We prefer to remain anonymous.

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Employee ID #: \_\_\_\_\_  
(ANTHC employees)

### Outright Gift and Pledge Information:

I/we prefer to make a one-time outright gift of: \$ \_\_\_\_\_

My/our pledge will be a total amount of: \$ \_\_\_\_\_ given ANNUALLY / SEMI ANNUALLY / QUARTERLY / MONTHLY for a period  
of \_\_\_\_\_ YEARS/MONTHS starting \_\_\_\_\_ / \_\_\_\_\_ (MM/YY) at \$ \_\_\_\_\_ per payment.  
(circle one)

### Payment Information:

- Please send pledge reminders to the address above.
- I would like to make my first pledge of \$ \_\_\_\_\_ now.
- Please charge my credit card for all of my pledge payments. I understand that my card will be automatically charged in each billing cycle.
  - Enclosed is a check, payable to ANTHC.
  - Please charge the credit card listed below.
  - I would like to make a donation of stock or securities. For stock transfer instructions, please contact Carrie Irwin Brown, Director Healthy Alaska Natives Foundation at [carriebrown@anthc.org](mailto:carriebrown@anthc.org) or 907-729-5651.
  - I would like to use ANTHC's payroll deduction option.
  - I would like to use more than one payment method to fulfill my pledge. I have enclosed detailed instructions.

### Credit Card Information:

Exact name on card: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration date (mm/yy): \_\_\_\_\_ CVV code: \_\_\_\_\_

### Matching:

This gift is eligible for matching gift funds from my or my spouse's employer.

Matching employer: \_\_\_\_\_

Anticipated matched amount: \_\_\_\_\_

### Recognition:

- Naming opportunity:  
\_\_\_\_\_  
\_\_\_\_\_  
Please contact Carrie Irwin Brown at (907) 729-5651 or [carriebrown@anthc.org](mailto:carriebrown@anthc.org) to discuss naming opportunities.
- Please use these name(s) for all acknowledgments:  
\_\_\_\_\_  
\_\_\_\_\_
- I wish this gift to be anonymous.

### Honorary Gifts:

- I/we would like to make a gift in honor/memory of:  
\_\_\_\_\_  
Relationship to donor: \_\_\_\_\_  
Send acknowledgment to:  
Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_
- I/we am interested in creating a legacy for HANF. Please send me/us information on wills, bequests and other types of planned giving.

If you have questions, please contact:

Carrie Irwin Brown, Director  
[carriebrown@anthc.org](mailto:carriebrown@anthc.org) | (907) 729-5651  
Healthy Alaska Natives Foundation, ANTHC  
4000 Ambassador Dr., Anchorage, AK 99508

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_