



## Blood Bank of Alaska

### Blood Bank of Alaska Donor Pledge Form

#### Donor Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### Pledge Information

I (We) hereby contribute cash and/or assets to the Blood Bank of Alaska:

- I (We) wish to make an outright gift amount of \$ \_\_\_\_\_
- I (We) pledge a **total** amount of \$ \_\_\_\_\_
- I (We) wish to have this donation spread over:
  - One year     Two years     Three years
- I (We) plan to pay my (our) contribution in the form of:
  - Check       Credit Card       Securities (Stocks/Bonds)
  - Real Estate     Property       Retirement Assets
  - In-kind
  - Other \_\_\_\_\_

Please send me an invoice or letter requesting the amount of \$ \_\_\_\_\_

Beginning on \_\_\_\_\_ and thereafter:  monthly  quarterly  yearly



## Blood Bank of Alaska

**Listing** *(Donors may be recognized in campaign materials unless anonymity is requested.)*

Please list my (our) name(s) as follows in all acknowledgements and, if applicable, naming rights:

\_\_\_\_\_

Naming Opportunity Selected *(please contact Blood Bank of Alaska Development Officer and CEO)* \_\_\_\_\_

### **Honorary or Memorial Gift**

Name of person to be remembered or honored: \_\_\_\_\_

Relationship to donor: \_\_\_\_\_

Send acknowledgement to (family of deceased or honoree): \_\_\_\_\_

Address: \_\_\_\_\_

### **Corporate Matching Contribution**

*(Consult your company's community relations or human resources office to determine if a matching gift program is available.)*

My (our) gift will be matched by \_\_\_\_\_ (corporation name)

- My completed matching gift form is enclosed.
- My matching gift form will be forwarded by the corporation.

Please use my gift as:

- A non-restricted gift for day to day operations and training.
- A restricted gift for support
  - For the Capital Building Campaign Fund
  - LifeMobile operations
  - LifeMobile replacement of motor coach

Other \_\_\_\_\_



Blood Bank of Alaska

Signature(s)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Tax ID# 92-6002175