



**Alaska
Conservation
Foundation**

Yes! I want to make a gift to Alaska Conservation Foundation.

BILLING INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Company: _____

ONE-TIME GIFT AMOUNT

\$50 \$75 \$100 \$150 \$200 Other: _____

MONTHLY GIVING

Yes! Please enroll me in the Great Land Giving Club.

Please make a monthly charge to my credit card in the amount of:

\$10 \$25 \$50 \$75 \$100 Other: _____

PAYMENT

Enclosed is my check made payable to Alaska Conservation Foundation.

Please charge my credit card.

Circle one: MasterCard Visa Discover

Credit card #: _____ Exp: _____

Signature: _____

RETURN FORM TO

Attn: Development
Alaska Conservation Foundation
441 W. Fifth Ave.
Anchorage, AK 99501

Thank you for your support!

ACFWEBRMT