



**Gay & Lesbian
Community Center
of Anchorage**

DONOR AND PLEDGE FORM

Yes, I want to support **identity** with the following donation:

- | | |
|--|--|
| <input type="checkbox"/> \$30 Red Donor | <input type="checkbox"/> \$500 or \$50 per month for 12 mos. Green Donor |
| <input type="checkbox"/> \$100 or \$10 per month for 12 mos. Orange Donor | <input type="checkbox"/> \$1000 or \$100 per month for 12 mos. Blue Donor |
| <input type="checkbox"/> \$250 or \$25 per month for 12 mos. Yellow Donor | <input type="checkbox"/> \$2500 or \$250 per month for 12 mos. Purple Donor |
| <input type="checkbox"/> \$5000 or \$500 per month for 12 mos. Rainbow Lifetime Donor | <input type="checkbox"/> \$35 for <i>NORTHVIEW</i> subscription ONLY |
- YES**, I would like to be included as a member of Identity. *I understand that my membership will expire one year from this date.*

My membership entitles me to a subscription to NORTHVIEW newsmagazine and vote at the annual meeting.

Please check one: **Membership renewal** **New membership**

NO, I do not want to be a member of Identity at this time, but would like to make a donation of \$ _____.

Please PRINT clearly. *Italicized* information is required; all other information is optional.

Name: _____

Street/Mailing Address: _____

City: _____ *State:* _____ *Zip:* _____

Telephone: _____ E-mail: _____ Birthday: _____

- I do **not** want to receive NorthView or other mailings.
 I do **not** want to be included on Identity's email list to keep me informed of community events.
 I do **not** wish public recognition of my donation/efforts.

I want to show my support for the GLBTA Community by volunteering for (please check all that apply):

- NorthVIEW Gay & Lesbian Helpline Gay & Lesbian Community Center
 Pride Conference PrideFest Fundraising Living Out Loud

Please list other skills you are willing to contribute: _____

Please make check payable to Identity, Inc. or charge this donation to:

CHECK ONE: VISA; MasterCard; American Express; Discover



NAME (as it appears on card): _____

CARD NUMBER: _____ Expiration Date: ___/___

SIGNATURE: _____

Contributions are deductible to the full extent of the law.

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