

## SPARC Contribution Pledge Form

Contribut	or Information:					
La	Last Name:			First Name:		
Co	mpany or Entity Name:					
Ma	niling Address:		City:	State:	Zip:	
Te	ephone Number(s):					
En	nail Address(es):					
Type of C	Contribution:					
,,	☐ Pledge for 2023, to be a ☐ Pledge for 2024, to be a ☐ Contribute now	•				
Amount o	of Contribution:					
	\$10,000.00	<b>\$1,000.00</b>		\$250.00		
	\$5,000.00	□ \$500.00		Other: \$		
In Kind D	onation:					
Purpose	of Contribution: ☐ New Floor Campaign					
	☐ Unrestricted Donation					
	☐ Other:					
Can we t	nank you publicly?					
	□ Name Only □ Anonymous					
	Name to Display:					
Payment						
,	☐ Enclosed Check payable to "SPARC" for: \$					
	☐ Bill Me (Please verify billing address:					
	☐ Credit Card paid via SPARChomer.org/donate					
Please re	turn completed form and	payment to: SPARC	(P.O. Box 69	98 Homer, Ak	< 99603)	

**Thank You for your Donation!** 

(907) 299-5115

This form can be scanned and emailed to <a href="mailto:sparchomer@gmail.com">sparchomer@gmail.com</a>