



## Sitnasuak Native Corporation Donation Request Form

<b>Name of Organization:</b>		<b>Amount Requested:</b>	
<b>Organization Program Name:</b>		<b>Total Budget:</b>	
<b>Organization Address:</b>		<b>Date Needed By:</b>	
		<b>Education Tax Credit Eligible:</b>	
<b>Organization website:</b>		<b>Service Area:</b>	
<b>Organization Tax ID Number:</b>		<b>Estimated Number of Shareholders / Descendants Served:</b>	
<b>Contact Person and Phone Number:</b>		<b>Contact Person Email:</b>	

Please provide a brief description of the organization and the details for your request of a donation.

Please describe how your program or event benefits SNC Shareholder and descendants.

What is the specific request or ask? What will the donation be used for?

Provide a list of all other donors/sponsors you have requested from, the amount requested, and amount received.

Submit requests via E-mail (PDF),  
Fax, Hand Delivery, or Mail to:

Sitnasuak Native Corporation  
Attn: Donation Requests

Fax: (907) 443-6437  
E-mail: [communications@snc.org](mailto:communications@snc.org)

Mail: PO Box 905  
Nome, AK 99762

Hand Deliver:  
214 Front Street, 2<sup>nd</sup> Floor  
Nome, AK 99762

Phone: (907) 387-1200

Attach the

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- 'a' t' a at 'that e e t ha e' ee' a e t
- 'a' t' c' t' t' 'e e e
- 'ac' the 'ota e e' t' t' a'