



Sitnasuak Native Corporation Donation Request Form

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

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.

Describe how you will follow up with Sitnasuak after the donation is received on how it was utilized.

By signing below, you are authorizing and permitting Sitnasuak Native Corporation to advertise the donation request, document the donation through photography or other means, and publish the documentation (e.g., highlighted in our Venture newsletter or on social media).

Printed Name:

Signature:

Title:

Date:

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

Mailed:
Sitnasuak Native Corporation
Attn: Donation Requests
PO Box 905 Nome, AK
99762

Fax: (907) 443-6437
E-mail: donationrequests@snc.org

Hand Deliver (Nome):
Shareholder Department
214 Front Street, 2nd Floor
Nome, AK 99762
Phone: (907) 387-1200

Hand Deliver (Anchorage):
2700 Gambell Street, Ste.300
Anchorage, AK 99503
Phone: (907) 929-7000