



## Board of Trustee Giving Form

This authorization:

- ☐ **INITIATES** my automatic gift support through honorarium check deduction
- ☐ **CHANGES** the current amount of my honorarium check deduction gift
- ☐ **TERMINATES** my honorarium deduction gift support

Trustee Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Spouse/Partner (recognition purposes): \_\_\_\_\_

- ☐ I prefer to remain anonymous
- ☐ My donation has a special purpose ☐ In memory of \_\_\_\_\_  
☐ In honor of \_\_\_\_\_

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☐ **Option 1: Continual Honorarium Check Deduction**

Amount to deduct from each honorarium check in increments of: \$\_\_\_\_\_ or \_\_\_\_\_% of my net honorarium for each meeting date to begin: \_\_\_\_\_ continuing for the duration of my time as a Trustee, unless otherwise noted.

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☐ **Option 2: One-Time Donation**

Amount to deduct from honorarium check: \$\_\_\_\_\_

Board of Trustee Meeting Date: \_\_\_\_\_

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☐ **Option 3: Donation Amount Enclosed** ☐ monthly ☐ weekly ☐ quarterly ☐ annually

☐ Card # \_\_\_\_\_ Expiration MM/YY \_\_\_\_\_ CVC \_\_\_\_\_

☐ Check (send check to PO BOX 749, Barrow AK 99723 Attn: Institutional Advancement)

☐ Cash ☐ Online (<https://www.ilisagvik.edu/give/>)

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**Please designate my contribution to the following:**

- ☐ General Support ☐ Program Specific: \_\_\_\_\_
- ☐ Ilisagvik College Foundation ☐ Employee Scholarship ☐ Capital Campaign

I hereby authorize a deduction in the amount shown above to be withheld from my honorarium check(s). This authorization will remain in effect until terminated by written notice to the Business Office.

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**Board of Trustee Signature**

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**Date**

**Please complete and return this form to:**

Ilisagvik College | Business Department | PO BOX 749 | Utqiagvik (Barrow), Alaska 99723 | (907) 852.3333 | [serena.nesteby@ilisagvik.edu](mailto:serena.nesteby@ilisagvik.edu)