



# Alaska Construction Career Days

Explore The Possibilities

## 2020 Donation Form

**Donor Information (please print or type)**

Name	
Company	
Address	
City	
State	
Zip Code	
Telephone	
Fax	
E-Mail	
Website	

**Excavator Level \$3500 - \$5000**

- Recognition Student Resource Directory
- Day of the Event Recognition Banner
- Web Recognition for the year (Logo & Link )
- Booth at the EXPO
- Special Sponsorship Recognition

**Loader Level \$1500 - \$2500**

- Recognition Student Resource Directory
- Day of the Event Recognition Banner
- Booth at EXPO

**Bulldozer Level \$500 - \$1500**

- Recognition Student Resource Directory
- Day of the Event Recognition Banner

**Pledge Information**

I (we) pledge a total of \$ \_\_\_\_\_

I (we) plan to make this contribution in the form of:  
 \_\_\_ cash \_\_\_ check \_\_\_ credit card \_\_\_ other.

Credit card type	
Credit card number	
Expiration date	
Authorized signature	



*Thank you for your generosity and we appreciate your support.*



**Moving Your Business Forward**



**Acknowledgement Information**

Please use the following name(s) in all acknowledgements:

\_\_\_\_\_

\_\_\_ I (we) wish to have our gift remain anonymous.

Signature(s)  
Date

If you checked **Excavator** or **Loader** levels with booth at the EXPO, we will follow up with you on this request. All levels will require a logo and/or official business company name for publishing. **Deadline for all publications is April 10, 2020.**

**Please feel free to contact us if you have any questions, and remember to fax, e-mail, or mail your completed application to:**

DOT & PF Civil Rights Office ACCD  
**Attention: Aaron Nickols**  
P.O. 196900  
Anchorage, Alaska 99519-6900  
Fax - 907-269-0847  
E-mail [aaron.nickols@alaska.gov](mailto:aaron.nickols@alaska.gov)  
Direct line 907-269-0850

Please make checks, corporate matches, or other gifts payable to:

DOT & PF Civil Rights Office ACCD  
Attention: Aaron Nickols  
P.O. 196900  
Anchorage, Alaska 99519-6900

**For CRO Official Use**

- Check List
- Completed Form
- Form of Payment
- Logo Attached

Tax-Exempt Receipt (Date Mailed) \_\_\_\_\_ CRO Staff \_\_\_\_\_



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