

Agdaagux Tribe of King Cove
Games of Chance
PO Box 249
King Cove, Ak 99612

REQUEST FOR DONATION

Name: _____ Date: _____
Address: _____ Phone No: _____
_____ SSN: _____
Tax ID No: _____

Reason for Donation:

Amount Requested: _____

Requested By Signature

Print Name

Approved By:

ATC Officer

Administrator/Finance