



I WOULD LIKE TO JOIN THE RCPC FAMILY!

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Evening Phone: _____

Email Address: _____

DONATION AMOUNT

\$1,000 \$500 \$250 \$100 \$50

\$25 Other: _____

Your donation is tax deductible to the fullest extent allowed by law.

DONATION METHOD

Check or Money Order (Payable to RCPC)

Bill my credit card:   

Visa Mastercard Discover

Account Number: _____ Exp Date: _____

Name on Card: _____

Signature: _____

Please return to:
Resource Center for Parents and Children
726 26th Avenue, Suite 2
Fairbanks, Alaska 99701