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\$5,000 \$2,500 \$1,000 \$500 \$250 \$100 \$50 Other \$ _____

\$100 per month Freedom Club or Designated Fund: _____

Payment by check # _____ Please make checks payable to Alaska Republican Party

Law requires us to use our best efforts to collect and report the name, mailing address, occupation and employer for each individual whose contributions exceed \$200 per calendar year.

Occupation: _____ Employer: _____

Name: _____ Cell Number: _____

Email: _____

Address: _____ City _____ State _____ Zip _____

Credit Card One Time Donation Monthly Recurring Donation *Requires Credit Card Option Below*

Credit Card Number: _____ Exp Date ____ / ____ CVV: _____

Name as it appears on card: _____ Billing ZIP: _____

Signature: _____

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