

# YES, I want to contribute to the Embassy of Tribal Nations – NCAI Capital Campaign

## Enclosed is my gift in the amount of:

- |                                     |             |
|-------------------------------------|-------------|
| <input type="checkbox"/> Eagle      | \$1,000,000 |
| <input type="checkbox"/> Hawk       | \$ 500,000  |
| <input type="checkbox"/> Raven      | \$ 250,000  |
| <input type="checkbox"/> Buffalo    | \$ 100,000  |
| <input type="checkbox"/> Bear       | \$ 50,000   |
| <input type="checkbox"/> Wolf       | \$ 25,000   |
| <input type="checkbox"/> Wild Horse | \$ 10,000   |

Please indicate amount: \_\_\_\_\_

## Warriors:

- |                                  |                                  |                                  |                                  |                                      |                                |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> \$15    | <input type="checkbox"/> \$20    | <input type="checkbox"/> \$50    | <input type="checkbox"/> \$100   | <input type="checkbox"/> \$250       | <input type="checkbox"/> \$500 |
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$7,500 | <input type="checkbox"/> Other _____ |                                |

## Please complete the following information:

Tribe/Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_



Embassy of Tribal Nations

**CHECK:**

- Enclosed is a check or money order payable to the NCAI Fund – Capital Campaign Account.

Please mail to:

National Congress of American Indians

Attn: Sharon Ivy

1301 Connective Avenue NW, Suite 200

Washington, DC 20036

**CREDIT CARD:**

- VISA     MASTER CARD

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**OTHER:**

For donations on-line or other payment methods, please contact:



Sharon Ivy, Finance Director

e-mail: [sivy@ncai.org](mailto:sivy@ncai.org)

(202) 466-7767

(202) 466-7797 (fax)

[www.ncai.org](http://www.ncai.org)

*The NCAI Fund is a 501(c)(3) nonprofit organization under the Internal Revenue Code and your contribution may be tax deductible. Please consult your tax advisor about the deductibility of your contribution.*