

GIVE TO AANIHH NAKODA COLLEGE

Last Name _____

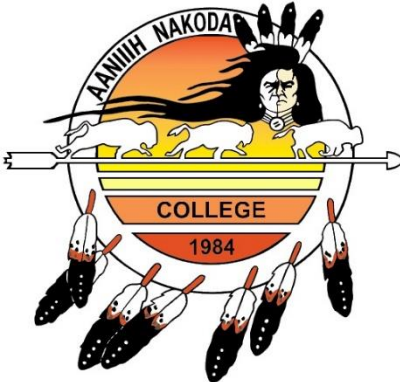
First Name _____

Mailing Address _____

Physical Address _____

City _____ State _____ Zip _____

I would like my gift designated to: (please circle one)

Bachelor's Degree	Associate of Arts Degree	Associate of Science Degree	Certificate of Applied Science Program	Professional Certifications
Aaniih Nakoda Ecology	American Indian Studies	Allied Health	Health Science	Behavioral Health Technician
	Business	Computer Information Systems	Tribal Management	Certified Nurse Aid (CNA)
	Chemical Dependency Counseling	Environmental Science	Welding	Hazardous Waste Operations & Emergency Response (HazWOPER)
	Early Childhood Education	Industrial Trades		Phlebotomy Technician
	Education	Nursing Education		
	Human Services			
	Liberal Arts			
Other		Cultural		
Scholarships	Other: Please Indicate	Single Purpose		
Single Purpose		Special Area		
Unrestricted Gift		Other:		
Highest Need				

I would like my gift credited to me as an individual: **Yes** **No**

I would like to share my gift with my spouse. Name: _____

I would like my gift in Honor of: _____

I would like my gift in Memory of: _____

\$1000 \$500 \$250 \$100 \$50 \$25 Other: _____

Make check payable and mailed to: **Aaniih Nakoda College**
PO Box 159
Harlem MT 59526

Thank you!