Kikiktagruk Inupiat Corporation

Donation Request Form

The KIC Board of Directors authorize to have the following policy followed when giving out donations. The program can be authorized by the President or their designee. Anything outside of this policy can be forward to the Board of Directors for approval at the next scheduled meeting.

Burial Assistance

Burial Assistance is available to KIC Shareholders, descendants or for a KIC Shareholder's legal spouse. A burial assistance form needs to be filled out for review by the President or their designee. All payments will be payable to the next of kin of the deceased. Depending on the year's financials, authorization of burial assistance can be made up to $500 per request, one per deceased family.

Deceased Name (please print) _____ Date Deceased: _____

Deceased is (select one): ◯ **KIC Shareholder** ◯ KIC Shareholder lineal or direct descendant ◯ **KIC Shareholders Spouse**

If Shareholder lineal or direct descendant or spouse, we need original shareholders information.

Shareholder name: _____ # of shares: _____

Medical Assistance

Medical Assistance is available for emergency, life threatening situations only. Patient needs to have been sent from hometown, through a medivac, not for a scheduled appointment. This is available to KIC Shareholders, descendants or for a KIC Shareholder's legal spouse. A medical emergency assistance request form will need to be filled out and reviewed by the President or their designee. All payments will be payable to the next of kin or the patient. Depending on the year's financials, authorization of medical assistance can be made up to $300 per request, one per family, and one per calendar year.

Patient Name (please print) _____

Patient is (select one): ◯ **KIC Shareholder** ◯ KIC Shareholder lineal or direct descendant ◯ **KIC Shareholders Spouse**

If Shareholder lineal or direct descendant or spouse, we need original shareholders information.

Shareholder name: _____ # of shares: _____

Documentation from the attending physician must be submitted to KIC with this completed form.

Name of attending physician: _____ Contact phone #: _____

Medical Facility: _____

Only those emergency medical situations that are imminently life threatening meet the criteria for emergency medical assistance. Scheduled follow-up appointments or ongoing care related to existing medical conditions do not qualify for this assistance program. Please state below how this request is an emergency.

_____

_____

General Donations

General donations are available to organizations, businesses or groups that represent KIC Shareholders or descendants. Written documentation must be received and reviewed by the President or their designee. Determination must be made whether the purpose of the request meets the needs of the shareholders or descendants. Depending on the year's financials, authorization of a general donation can be made up to $500, and one request can be approved per calendar year.

Please attach written letter on how your general donation request meets the above criteria.

Make check out to:_____

Address:_____

Phone #: _____

Email:_____

Select One: ◯Mail check ◯Direct Deposit

Direct Deposit Information

For Faster delivery of your EFT remain advice, please provide your email address:

Email: _____

We will need a written verification from the bank confirming the account information that is being provided.

Bank Name _____ Account Type _____

Routing #: _____ Account Number: _____

_____ _____

Shareholder Signature Date

KIC INTERNAL USE ONLY

Date Received Request:_____

Approved by: _____ Amount Approved: _____

Date sent to Accounting: _____