



UNIVERSITY OF HAWAII FOUNDATION

Name(s): _____ UH Alumni Year (if applicable): _____

Address: _____

City: _____ State HI Zip: _____

Daytime Phone: _____ E-mail: _____

Area of Support (please select one):

Please designate my gift to support the _____
School, College, Program

Gift Amount (please select one):

I will make a one-time gift of:

- \$1500 President's Club \$250
 \$1000 \$100
 \$500 Other \$ _____

- I will make a recurring credit card gift of \$ _____ per month effective immediately. I will continue this commitment for:
 _____ months or
 Until I provide notification to stop.

Gift Fulfillment (please select one):

- My check is attached/enclosed (Please make checks payable to "UH Foundation").
 Please charge my credit card: Visa Mastercard American Express Diners Club Discover

Card Number Exp. Date Name as it appears on card

- I will make my gift online at <http://www.uhf.hawaii.edu/support>.
This form is not required for online gifts.

Matching Gift Information:

- I work for _____ (company name) that has a corporate matching gift program and will match this gift. (Please obtain appropriate forms from your HR department and mail it to the UH

Signature: _____ Date: _____

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Please mail your contribution to: UH Foundation PO Box 11270, Honolulu, HI 96828