



UNIVERSITY of HAWAI'I® FOUNDATION

Name(s): ID #: UH Alumni Year (if applicable):
Address: City: State: 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:

- \$1,500 President's Club \$250
\$1,000 \$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 CVV
Print Name as it appears on card

- I will make my gift online at http://www.UHFoundation.org/Give
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 to the UH Foundation).

Signature: Date:

24AG5