Adopt-a-Beehive
WITH ALAN WONG

2014-2015 ADOPTION FORM

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

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ E-mail: _____

Preferred method of contact (select one): ____ USPS mail ____ E-mail

Gift Amount (please select one):

☐ I will participate at the following level for the ***September 2014-May 2015*** season:

- ☐ **$300** **WORKER BEE**
- ☐ **$500** **DRONE BEE** Name to be placed on Hive: _____
- ☐ **$1,000** **QUEEN BEE** Name to be placed on Hive: _____
- ☐ **$_____** **OTHER**

NOTE: *Drone and Queen Bee levels receive recognition with the adopter's name placed on the hive. Please PRINT the name above (Queen Bee donors may also attach a corporate logo, if desired).*

☐ This adoption is a gift for: (Name) _____

(Address) _____

(E-mail) _____

☐ I would like a full tax-deduction and do not wish to receive any honey products.

☐ YES, I would like to receive the adoption certificate. ☐ NO, I would not like to receive the adoption certificate.

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 ☐ Discover

_____ _____ _____

Card Number Exp. Date Name as it appears on card

Signature: _____ *Date:* _____

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.]

UNIVERSITY of HAWAI'I HILO

Please return to:
UH Foundation/Office of Development, University of Hawai'i at Hilo
200 West Kawili Street, Hilo, HI 96720
For more information, please call (808) 933-1945 or visit **www.uhfoundation.org/AdoptABeehive**