GIFT FORM

UNIVERSITY of HAWAI'I®
FOUNDATION
For Our University, Our Hawai'i, Our Future.

Name(s): _____ 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: _____

Gift Amount (please select one):

- ☐ $1,500 President's Club
- ☐ $1,000
- ☐ $500
- ☐ $250
- ☐ $100
- ☐ 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

Billing Address for Credit Card *(If different from mailing address listed above):*

_____

Signature: _____ *Date:* _____

Please mail your contribution to: UH FOUNDATION PO Box 11270, Honolulu, HI 96828-0270

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