



Fiscal Year 2016 UHF GIFT FORM

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):**

- I would like to make my gift by payroll deduction in the amount of \$ \_\_\_\_\_ per payroll period (Please start deductions with the \_\_\_\_\_ paycheck)
  - To end on \_\_\_\_\_
  - Continue with my payroll deduction until I provide notification to stop
- My check is attached/enclosed (Please make checks payable to "UH Foundation")
- Please charge my credit card:  Visa  MasterCard  American Express  Diners Club  Discover

\_\_\_\_\_ Exp. Date \_\_\_\_\_ Name as it appears on card \_\_\_\_\_  
Card Number

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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