



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: UH JABSOM Office of Biostatistics & Quantitative Health Sciences - Account# 12616904

Gift Amount (please select one):

- \$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):

- 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

Card Number

Exp. Date

Name as it appears on card

Signature: _____ Date: _____

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