



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

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

Daytime Phone: _____ E-mail: _____

Area of Support:

Maui Nui Seabirds Recovery (127-1050-4)

Gift Amount (please select one):

I will make a one-time gift of:

- | | | |
|---|--------------------------------|---|
| <input type="checkbox"/> \$1,500 President's Club | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$25 |
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$100 | <input type="checkbox"/> Other \$ _____ |
| <input type="checkbox"/> \$500 | <input type="checkbox"/> \$50 | |

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"; on memo line add "Seabirds Recovery"*)
- I will make my credit card gift online at: www.uhfoundation.org/SaveTheSeabirds

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: _____

Please complete this form and return to:
UH FOUNDATION ♦ PO Box 11270 ♦ Honolulu, HI 96828-0270
OR
Make you gift on-line at www.uhfoundation.org/SaveTheSeabirds