

Gift Form

Donor

Name _____ Spouse Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Do not publish my name as a donor. I wish to remain anonymous. _____ (please initial)

Publish my name only, with no gift amount. _____ (please initial)

Total Gift: \$ _____

Mid-Pacific Fund
(Unrestricted/Highest Priorities)

Endowed Fund:
(Name of Fund): _____

Mid-Pacific Institute Alumni Association
(MPIAA)

Other:

Payment Options

Check (payable to Mid-Pacific Institute)

Pledge my gift

One-time Credit Card charge

Other*

Pledge/Recurring Gift

Recurring gift of \$ _____ to be paid each month quarter year

Starting on (specific month/day/year) _____ # of installments _____

Charge my credit card below Send me reminders
on the 15th or 28th of the month (circle one)

Credit Card Information

Name on Card _____
(If different than above)

Billing Address _____

City _____ State _____ Zip _____

(AmEx/Visa/MC/Disc)

Card Number _____ Exp Date _____ CVV _____

Donor Signature

(Required)

Signature _____ Date _____

With my signature, I authorize Mid-Pacific Institute to charge my gift to a credit card and/or confirm my pledge.

Please mail completed form to: Mid-Pacific Advancement Office, 2445 Kaala St., Honolulu, HI 96822

*Contact Vanessa Kau at 808-973-5052 or vkau@midpac.edu for any assistance.

Mahalo for your support of Mid-Pacific Institute!