

Yes! I want to support 'Iolani School

Mr./Mrs./Miss/Ms./Other _____

Name (as it should appear in our records) _____

Home Address _____

City _____ State _____ Zip _____

Employed by _____ Title _____

Business Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Email _____

Please *DO NOT* publish my name as a donor _____ (Initial)

Enclosed is my:

Personal Corporate Gift to:

Unrestricted Annual Fund \$ _____

Financial Aid \$ _____

Endowment \$ _____

Other _____ \$ _____

Please make checks payable to 'Iolani School.

Contributions are tax deductible. If appropriate for individuals, please enclose your company's **Matching Gift Form**.

If you wish to make a stock gift, please call (808) 943-2256.

Please charge \$ _____ to my:

Visa Mastercard AMEX

To be paid:

in full monthly quarterly

\$10 minimum on charged gifts, please.

Card Number _____

Expiration Date _____ Security Code _____

Authorized Signature _____

I have included 'Iolani School in my Estate Plan.

Please contact me regarding Planned Giving for 'Iolani School.