



UNIVERSITY OF HAWAII  
CANCER CENTER

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Area of Support (please select one):**

- Cancer Research General Research Fund #123-8850-4       Other \_\_\_\_\_

**Gift Amount (please select one):**

I will make a one-time gift of:

- \$5,000                                       \$500  
 \$1,500                                       \$100  
 \$1,000                                       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):**

- 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

\_\_\_\_\_   
CVV

\_\_\_\_\_   
Print Name as it appears on card

**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 mail your contribution to: UH Cancer Center, Attn: Tawney Sablan 701 Ilalo Street, Honolulu, HI 96813