



UNIVERSITY LABORATORY
SCHOOL FOUNDATION

Please mail this completed form to:
University Laboratory School Foundation
1003 Bishop Street, Suite 1200
Honolulu, HI 96813

Donation Form

Donor Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Relationship to School: _____

Gift amount (Please select one):

- I will make a one-time gift of \$1,500 or _____.
- I will pledge _____ per month for a total commitment of _____.
- I will pledge _____ per quarter for a total commitment of _____.

Gift Fulfillment (Please select one):

- My Check is attached/enclosed (Please make checks payable to "University Laboratory School Foundation")
- Please charge my credit card: Visa Master Card American Express Diners Club Discover

Card Number

Exp. Date

Name as it appears on Card

- Please charge my bank account electronically (Provide a copy of a voided check).

I hereby authorize my financial institution to make payment(s) on my behalf from the checking or credit card account referenced above and transfer it to the University Laboratory School Foundation. I understand that I am in full control of my payments and I will notify you in writing if at any time I decide to make any changes, discontinue this service, or change or close my credit card or bank account.

Donor's Signature: _____

Date: _____

Your questions and feedback are extremely important to us. Please feel free to email our foundation administrator, Lynn Gomez at lynn@ulsfoundation.org or call (808)394-6921. Thank you for your support!