



## ISLAND PACIFIC ACADEMY Annual Fund 2016-2017

**I/We want to support the people and programs of ISLAND PACIFIC ACADEMY in 2016-2017 by contributing to the Annual Fund at the following gift level:**

- \_\_\_ Young Alumni Challenge (\$20)
- \_\_\_ Seafarer's Club (\$1 - \$999)
- \_\_\_ Headmaster's Circle (\$1,000 - \$2,499)
- \_\_\_ Founder's Circle (\$2,500 - \$4,999)
- \_\_\_ Navigators (\$5,000 - \$9,999)
- \_\_\_ Wayfinders (\$10,000 and above)

**Total amount of our gift:** \$ \_\_\_\_\_

Gift to be matched by: \_\_\_\_\_

Corporation Name

**Name** \_\_\_\_\_

**Billing Address** \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

I (we) wish to have our gift remain anonymous.

Please tell us how you are affiliated with ISLAND PACIFIC ACADEMY (circle appropriate choice).

I/We are the: PARENT GRANDPARENT RELATIVE FRIEND of \_\_\_\_\_  
Student(s) Name(s)

I/We am: ALUMNI (Class of \_\_\_\_\_) FACULTY STAFF TRUSTEE

**I/We would like to make our Annual Fund donation in the following way:**

### Online

<https://islandpacificacademy.org/support/donate/>

Did you give online? Share this form with another person who can help support IPA this year!

### Cash or Check

Make Checks Payable to ISLAND PACIFIC ACADEMY

- \_\_\_ A one-time gift enclosed with this form
- \_\_\_ A pledge to be paid in \_\_\_\_\_ monthly installments  
Start month \_\_\_\_\_  
End month \_\_\_\_\_

### Combined Federal Campaign

Federal & Military employees only. Register through your employer.

- \_\_\_ A gift made through the Combined Federal Campaign (CFC) in the amount of \$ \_\_\_\_\_\*

**IPA's CFC School Code is 37378**

\*Please note that a percentage of your donation will be kept by the CFC to run the program. Your W-2 should be used for tax purposes.

**Credit Card**     **Debit Card** (check one)

\_\_\_ A one-time gift. Please charge my credit/debit card now for the amount of my gift indicated above.

\_\_\_ A pledge to be paid in equal monthly installments. Charge my credit/debit card as follows:

Monthly withdrawal amount \$ \_\_\_\_\_

# of monthly payments \_\_\_\_\_

Start month \_\_\_\_\_

End month \_\_\_\_\_

Withdrawal date (circle one): 1<sup>st</sup> OR 15<sup>th</sup>

**Please circle one:        VISA        MC**

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name as it Appears on Card:  
\_\_\_\_\_

**Signature:**  
\_\_\_\_\_

**Please note that all gifts for the Annual Fund 2016-2017 must be received by the school by June 30, 2017.**

Bring your form to the Administrative Office or mail to ISLAND PACIFIC ACADEMY, 909 Haumea Street, Kapolei, HI 96707. If you have questions or need more information, contact Charmaine Hauanio-Kuewa at [chauaniokuewa@ipahawaii.org](mailto:chauaniokuewa@ipahawaii.org) or call (808) 674-3525.

**OUR GOAL IS 100% PARTICIPATION**

**ALL FAMILIES • ALL FACULTY • ALL STAFF**

