



ISLAND PACIFIC ACADEMY Annual Fund 2017-2018

I/We want to support the people and programs of ISLAND PACIFIC ACADEMY in 2017-2018 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 (check the 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): 1st OR 15th

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 2017-2018 must be received by the school by June 30, 2018.

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 or call (808) 674-3525.

OUR GOAL IS 100% PARTICIPATION

ALL FAMILIES • ALL FACULTY • ALL STAFF

