



UNIVERSITY LABORATORY  
SCHOOL FOUNDATION

Please mail this completed form and payment:  
University Laboratory School Foundation  
P.O. Box 11208  
Honolulu, Hawaii 96828

*Forms may be dropped off at the ULS School Office*

## Parent Appeal Donation Form

### **Donor Information:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Student (s) at ULS (Grade): \_\_\_\_\_

### **Donation Information:**

Today's Date: \_\_\_\_\_

Type of Donation: ☐ One-time ☐ Pledge

Amount: ☐ \$1,500 ☐ \$1,000 ☐ \$500 ☐ \$250 ☐ \$100 ☐ Other \_\_\_\_\_

Form of Payment: ☐ \*Check # \_\_\_\_\_ ☐ Cash ☐ Credit Card (*Fill out information below*)

*\* Please make check payable to University Laboratory School Foundation.*

### **For Credit Card Donations:**

Please charge my: \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ AMEX \_\_\_\_\_ Other

Name on Card: \_\_\_\_\_

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

Expiration \_\_\_\_\_ CVV: \_\_\_\_\_

### **Pledge Information:**

#### **For monthly gift pledges please fill out the following:**

Gift amount (please select one):

- ☐ I will pledge \_\_\_\_\_ per month for 10 months for a total commitment of \_\_\_\_\_.
- ☐ I will pledge \_\_\_\_\_ per quarter for 12 months for a total commitment of \_\_\_\_\_.

Donor's Signature: \_\_\_\_\_

*Your questions and feedback are extremely important to us. Please feel free to email Lani Kaaa, ULSF Executive Director at [lani@ulsfoundation.org](mailto:lani@ulsfoundation.org) or call (808) 646-1232. Thank you for your support!*