



Academy of the Pacific

**2009 Gala Cash Donation Form**

Benefiting Student Financial Aid, Faculty  
Development,

**Donor Information**

Donor Name: \_\_\_\_\_ or Anonymous   
*(as you wish it to appear in printed materials)*

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Cash donation levels:**

**Giving Tree**  
*(\$1,000 and above)*

**Founder**  
*(\$500 - \$1,000)*

**Sponsor**  
*(\$250 - \$500)*

**Friend**  
*(\$249 and below)*

Cash Donation Amount: \$ \_\_\_\_\_

\_\_\_\_\_ Paid by enclosed check (Please make checks payable to Academy of the Pacific)

\_\_\_\_\_ Paid by credit card (We accept VISA/Mastercard)

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

All cash donations are 100% tax deductible. Please keep a copy of this form

For your records and return the original by mail or fax to:

Academy of the Pacific  
2009 Gala  
913 Alewa Drive  
Honolulu, HI 96817

Phone: 808-595-6359

Fax: 808-595-4235

Email: gala@aop.net

**Thank you for Supporting AOP!**