



Annual Fund 2017-2018

Name _____ Spouse _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ E-mail _____

Total Enclosed \$ _____

___ Check attached (*payable to Mid-Pacific Institute*)

___ Charge my Amex/Disc/MC/Visa # _____ Exp. _____

Charge Signature _____ Date _____
required

Total Pledge \$ _____

Pledge Signature _____ Date _____
required

Balance \$ _____ to be paid: Monthly _____ Quarterly _____

of installments _____ Start date _____

Send pledge reminders _____ OR Automatically charge my credit card _____

___ **Please check here if you wish to be Anonymous in gift recognition publications**

Please use the enclosed business reply envelope or mail to:

Mid-Pacific Advancement Office
2445 Ka'ala Street
Honolulu HI 96822
FAX (808) 973-6134

Contact Diane Kamioka at 808.973.5052 or dkamioka@midpac.edu with any questions.

Mahalo for your continued support of Mid-Pacific!