

## 2018 DONATION FORM

Individual / Company Donation	n ALP Alumni	? please circle: no yes Class #:	
Please help us update our contact	list by providing o	complete contact information:	
First Name:	_M.I.:	Last Name:	
Company Name (if applicable)			
Company Mailing Address:			
City:	_ State:	_ Zip Code:	
Company Email Address:			
Business Phone:			
Home Mailing Address:			
City:	State:	Zip Code:	
Personal Email Address:			
Home / Cell Phone:			
<b>Gift Amount</b> I (we) donate \$ in support of Agricultural Leadership Foundation of Hawai'i. Donations made by <u>December 31, 2018</u> are deductible on your 2018 tax return.			
Signature:		Date:	
Gift Payment Method  Check: Payable to Agricultural Credit Card: Please make cred	lit card payments	·	
Gift Acknowledgement I (we) would like this donation to b	e acknowledged	as a gift from or in honor of (please write clearly):	
Name:			

Please send your donation to: Agricultural Leadership Foundation of Hawai'i, P.O. Box 342066, Kailua, HI 96734

## Thank you for your generous support!

Agricultural Leadership Foundation of Hawai'i is a 501(c)(3) charity. Donations are tax-deductible to the extent of allowed by law.