



WAIMEA ALUMNI & FRIENDS FOUNDATION MEMBERSHIP FORM

FED ID #99-0216138

NAME _____ **CLASS OF** _____

If you are not alumnus, but would like to join the Foundation, please indicate your affiliation (WHS Faculty, friend, parent, etc)

MAILING ADDRESS _____

TELEPHONE (____) _____ **CELL** (____) _____ **EMAIL** _____

WAFF MEMBERSHIP AND DONATION

WAFF MEMBERSHIP (\$10/YEAR)..... \$ _____

LIFETIME WAFF MEMBERSHIP (\$200) \$ _____

WAFF DONATION \$ _____

Subtotal: \$ _____

WHS ALUMNI T-SHIRT AND POLO



FRONT



BACK

SIZE	NAVY BLUE qty \$10	ROYAL BLUE qty \$10	POLO NAVY qty \$15	
SMALL	_____	_____	_____	Subtotal: \$ _____
MEDIUM	_____	_____	_____	Subtotal: \$ _____
LARGE	_____	_____	_____	Subtotal: \$ _____
X-LARGE	_____	_____	_____	Subtotal: \$ _____
XX-LARGE	_____	_____	N/A	Subtotal: \$ _____
SHIPPING=flat rate priority mail (1-2 shirts \$8.95)				Subtotal: \$ _____

WAFF COOKBOOK

WAFF Cookbook \$5 each X qty _____ Subtotal: \$ _____

SHIPPING=flat rate priority mail (1 cookbook \$8.95) Subtotal: \$ _____

WAFF TRUST FUND DONATION

**PLEASE ACCEPT MY CONTRIBUTION
FOR TRUST PARTNERSHIP:**

PLATINUM PARTNER (\$1,000+) Subtotal: \$ _____

BLUE PARTNER (\$500+) Subtotal: \$ _____

WHITE PARTNER (\$200+) Subtotal: \$ _____

PARTNER (ANY DONATION) Subtotal: \$ _____

All partners will receive a receipt for your tax deductible donation.

If you would like to recognize the donation on behalf of a graduating class or In honor or memory of an individual or organization, please specify.

Class of _____ In honor/memory of _____

TOTAL ENCLOSED: \$ _____

Please make check /money order payable to **WAFF**

Mail completed form to Waimea Alumni & Friends Foundation, PO Box 478, Waimea, HI 96796 • www.waffkauai.org