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

<table>
<thead>
<tr>
<th>SIZE</th>
<th>NAVY BLUE qty $10</th>
<th>ROYAL BLUE qty $10</th>
<th>POLO NAVY qty $15</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMALL</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>MEDIUM</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>LARGE</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>X-LARGE</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>XX-LARGE</td>
<td>______</td>
<td>______</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>PARTNER</th>
<th>($ amount)</th>
<th>Subtotal:</th>
</tr>
</thead>
</table>
| PLATINUM PARTNER       | ($1,000+)  | $ ___________
| BLUE PARTNER           | ($500+)    | $ ___________
| WHITE PARTNER          | ($200+)    | $ ___________
| PARTNER (ANY DONATION) |            | $ ___________

All partners will receive a receipt for your tax deductable 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