



## Hawaii Alzheimer's

Disease Center  
Providing Hope...finding a Cure  
www.HawaiiADC.org

### DONATION FORM

**Yes!** I want to help the Hawaii Pacific Neuroscience Foundation (HPNF) build Hawaii's first Alzheimer's Disease Center (HADC) to provide hope and help find a cure for Alzheimer's Disease and other related dementias.

**STEP 1:** (Please select one option.)

- **OPTION A:** I am enclosing a check in the amount of \$\_\_\_\_\_.  
*Checks should be payable to Hawaii Pacific Neuroscience Foundation.*
- **OPTION B:** Please charge my credit card Amex/Visa/Mastercard (Circle one) \$\_\_\_\_\_ on the following basis: monthly, quarterly, semi-annually, or one time (Circle one).  
Credit Card # \_\_\_\_\_
- **OPTION C:** To make a gift of securities, please call (808) 261-4476 ask to speak with Dr. Liow

**STEP 2:** (Please select one of the following projects/programs.)

- |  |   |
|--|---|
| <input type="checkbox"/> HADC Dementia Neurologist Endowment             | <input type="checkbox"/> HADC Dementia Geriatrician Endowment     |
| <input type="checkbox"/> HADC Dementia Research Scientists Endowment     | <input type="checkbox"/> HADC Dementia Research Project Endowment |
| <input type="checkbox"/> HADC Dementia Geneticist Endowment              | <input type="checkbox"/> HADC Dementia Neuropathologist Endowment |
| <input type="checkbox"/> HADC Neuropsychologist Endowment                | <input type="checkbox"/> HADC Psychologist Endowment              |
| <input type="checkbox"/> HADC Social Worker Endowment                    | <input type="checkbox"/> HADC Building Construction               |
| <input type="checkbox"/> HADC Unrestricted (Where the need is greatest.) |   |

**STEP 3:** (Optional.)

My gift is in  Memory of  Honor of \_\_\_\_\_ . *Please include name and address of the person/family to receive acknowledgement of your gift on the following line. Amount will remain confidential .*

**STEP 4:**

**Please Mail Contributions To:**  
Hawaii Alzheimer's Disease Center  
c/o Hawaii Pacific Neuroscience Foundation  
642 Ulukahiki Street, #300  
Kailua, Hawaii 96734

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please send me information about planned giving and how to include the Hawaii Pacific Neuroscience Foundation in my will.*