

**EAST-WEST CENTER WALL OF HONOR PROGRAM**

Please print, fill out, and mail to EWC at address below.

YES! I'd like to honor an existing Wall of Honor Nominee: _____
(name of existing Wall of Honor Nominee)I would like to nominate: _____
(name of new Wall of Honor Nominee)with my gift of \$1,000 \$100 \$50 \$25 Other \$ _____to support the **East-West Center's Alumni Endowment Fund for Student Scholarships.** I am enclosing a check payable to the East-West Center Foundation. Please charge VISA AMERICAN EXPRESS DISCOVER MASTERCARD

Card Number: _____

Exp. Date: _____ Card security code: _____

3 or 4 digit code on back or front of card

Cardholder signature: _____ Date: _____

DONOR INFORMATION:Name(s): _____
Please print

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____

Email: _____

I wish my name to be listed in publications as: _____

East-West Center Alumni No Yes Year: _____/Program _____*All gifts to the East-West Center Foundation are tax deductible as permitted by U.S. law. Thank you!***Please mail your donation to:**The Wall of Honor Program
East-West Center Foundation
1601 East-West Road
Honolulu, HI 96848-1601 USA**For more information, contact:**East-West Center Foundation
Phone: 808.944.7105
Email: Foundation@EastWestCenter.org
Web: EastWestCenter.org*For security reasons, please do not email the form with credit card information.*