

Order Form

GIFT GIVER INFORMATION (print)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

MEMBERSHIP LEVELS (Please enter the number of certificate(s) beside the level that you wish to purchase)

- FAMILY PLUS <\$90>** Two adults + children ages 18 and under residing in the same household plus free admission for two guests per visit when accompanied by member.
- FAMILY <\$65>** Two adults + children under 18 years of age residing in the same household.
- GRANDPARENTS <\$65>** Two adults + up to 6 grandchildren under 18 years of age.
- INDIVIDUAL <\$45>** One individual cardholder.
- SENIOR <\$35>** One individual cardholder age 65 years and older.
- PLUS ONE <\$30>** Members may add one additional person to their existing membership.

Intended Recipient's Name: _____

**Gift certificates will be packaged in either an envelope or pillow box for easy gift-giving.*

I would like my certificate(s) packaged with an/a: **PILLOWBOX** **ENVELOPE**

PAYMENT METHOD

- CHECK** (Please make checks payable to: **Friends of Waikīkī Aquarium**)
- CREDIT CARD** VISA MASTERCARD TOTAL TO CHARGE \$ _____
- CREDIT CARD NO. _____ EXP. DATE _____
- CARDHOLDER'S SIGNATURE _____

I would like to receive my certificates by:

- MAIL I WILL PICK UP AT FRONT DESK OTHER (please specify) _____

Your gift is tax deductible as provided by the law.

Membership Gift Certificate(s) will be mailed to the above address. Please allow (2) weeks for processing.

PLEASE MAIL OR FAX COMPLETED FORM TO:
 Waikīkī Aquarium, 2777 Kalākaua Ave. Honolulu, HI 96815 or
 FAX (808) 923-1771, ATTN: MEMBERSHIP DEPT.

MAHALO FOR YOUR SUPPORT OF THE WAIKĪKĪ AQUARIUM!