



Hawaii Island United Way, Inc.
 P.O. Box 745 Hilo, HI 96721
 (808) 935-6393



DONOR DESIGNATION FORM

If you would like to Donor Designate your pledge to a specific initiative, program, or agency, please complete the following information:

General Donation

If you want your donation to support all of the programs listed in our brochure

\$

Designated Donations

Specific Community Initiative Area:

Education \$

Income \$

Health \$

Specific Program:

1. _____ \$

2. _____ \$

3. _____ \$

A 501c(3) Non-Profit Agency:

(Not a HIUW Partner Agency; Minimum donation \$50.00)

1. _____ \$

2. _____ \$

3. _____ \$

Total Designated \$

Total Pledged \$

Pledged By:

- Cash or Check
- Billing, Credit Card
- Payroll Deduction

I have designated my donation and want acknowledgement from the agency I have specified on this form.

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

SIGNATURE REQUIRED