



Hawaii Island United Way, Inc.  
 P. O. Box 745 Hilo, HI 96720  
 (808) 935-6393

**PLEDGE FORM**

**YES! I WOULD LIKE TO DONATE:** \$ \_\_\_\_\_



**DONOR INFORMATION**

**PAYMENT OPTIONS**

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

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

City/State/Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

- Please withhold my name from publication
- Yes! I would like to volunteer with HIUW!
- Yes! Please email me updates.
- Yes! Please send me Planned Giving Information

Cash  Check Check Date: \_\_\_\_\_ Check #: \_\_\_\_\_

Billing or EFT  One-time  Monthly \$ \_\_\_\_\_  Quarterly \$ \_\_\_\_\_

*Please attach voided check if EFT*

Credit Card\* (Visa/MC/AMEX/Discover) Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_  One-time  Monthly \$ \_\_\_\_\_  Quarterly \$ \_\_\_\_\_

Payroll Deduction\* Employer: \_\_\_\_\_

Every Pay Period: \$ \_\_\_\_\_  Monthly: \$ \_\_\_\_\_  One-time: \$ \_\_\_\_\_

**\*SIGNATURE REQUIRED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**I would like to designate to the following Agency / Program:**

Specific HIUW Partner Agency/Program:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

A 501c(3) Non-Profit Agency (Not a HIUW Partner Agency):  
(Minimum \$50 donation. Admin Fee applies)

\$ \_\_\_\_\_ (Agency) \_\_\_\_\_

**DESIGNATED PLEDGE**

\$ \_\_\_\_\_

**No goods or services of more than the nominal value have been given in return for this contribution**    **White - Payroll Dept. or HIUW    Yellow- HIUW    Pink- Donor Copy**