



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**