

2011 STATE PLEDGE FORM

P. O. Box 745 • Hilo, Hawaii 96721 • (808) 935-6393



Hawaii Island United Way, Inc.

**1 MY INFORMATION** ~ All information must be complete. (Please type or print clearly.)

Mr.  Ms.  Mrs.  Dr.  Other \_\_\_\_\_  Suffix \_\_\_\_\_ SS# XXX-XX-\_\_\_\_\_ PR-DIST. NO.: \_\_\_\_\_

NAME (Last, First, Middle Initial): \_\_\_\_\_ Job Title: \_\_\_\_\_ AGT:001 \_\_\_\_\_

Home/Billing Address: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**2 MY TOTAL PLEDGE AND HOW I CHOOSE TO PAY** ~ Your 2011 pledge will be distributed in 2012.

**Payroll Deduction:** I authorize the Comptroller to deduct \$ \_\_\_\_\_ per month beginning January 2012 for a total payroll deduction of \$ \_\_\_\_\_. **Last Four Digits Of SS# Required For Payroll Deduction.**

*For payroll deductions received on or after November 16, 2011, full (9-digit) Social Security Numbers will be required to complete the State Accounting Form D-60.*

**Cash:** \$ \_\_\_\_\_  **Check:** \$ \_\_\_\_\_ **Check #:** \_\_\_\_\_ **Check Date:** \_\_\_\_\_  
(Payable to **Hawaii Island United Way.**)

\* **Credit Card:** I authorize a  one-time  monthly  quarterly charge of \$ \_\_\_\_\_ to be processed on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
month / day / year

Visa  MasterCard  AMEX  Discover Card

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

\* **Automatic Transfer:** I authorize my financial institution to transfer \$ \_\_\_\_\_ monthly from my checking account to HIUW beginning \_\_\_\_/\_\_\_\_/2012. (Attach voided check.)  
month / day

\* **Bill Me:** \$ \_\_\_\_\_  per pay period  per quarter  one time on \_\_\_\_/\_\_\_\_/\_\_\_\_  
month / year

**MY TOTAL PLEDGE**  
\$

\*Section 1 must be completed.

**3 SIGN HERE**

Original Signature Required.  
NO PHOTOCOPIES OF SIGNATURES ACCEPTED.

Contact Hawaii Island United Way  
at 935-6393 for additional forms.

HIUW - Original • DONOR - Please make copies for your records.



**SIGNATURE REQUIRED** (No goods or services of more than nominal value given in return for this contribution.)

Mahalo for your support!

Dollars per month	12 Payments
\$5	\$60
\$10	\$120
\$20	\$240
\$50	\$600
\$100	\$1,200
\$250	\$3,000

**PAYROLL DEDUCTION GIVING GUIDE**

Payroll deduction is a convenient way to give. Giving is a personal decision and is voluntary. The following may be used as a guideline. Whatever amount you choose to give - Thank You.

**MAHALO FOR YOUR GIFT.**

To find or give help, dial 2-1-1 or 1-877-275-6569 toll free. To volunteer, visit www.volunteerhawaii.org.

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

- Specific Community Initiative Areas:  Specific HIUW Partner Agency / Program:
- Education \$ \_\_\_\_\_ 1. \_\_\_\_\_ \$ \_\_\_\_\_
- Income \$ \_\_\_\_\_ 2. \_\_\_\_\_ \$ \_\_\_\_\_
- Health \$ \_\_\_\_\_ 3. \_\_\_\_\_ \$ \_\_\_\_\_

A 501(c)(3) Non-Profit Agency: (Minimum \$50 donation. Admin Fee applies).  
\_\_\_\_\_ \$ \_\_\_\_\_

- Please check this box if you would like your name withheld from publication.
- Please check this box if you would like acknowledgement from the agency you designated to.
- Yes! Please email me updates.