

# Mahalo for your Hawaii Island United Way Pledge

DEPARTMENT	NAME: LAST, FIRST, MIDDLE INITIAL	UF TYPE	001 AGENT	PR-DIST NO.
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- Payroll Deduction.** I authorize the Comptroller to deduct the following amount *per month* beginning January 1. Per Month Deduction \$ \_\_\_\_\_
- Cash or  Check (payable to Hawaii Island United Way) CHK # \_\_\_\_\_ DATE \_\_\_\_\_
- VISA, MC, AMEX, DISCOVER # [ ][ ][ ][ ]-[ ][ ][ ][ ]-[ ][ ][ ][ ]-[ ][ ][ ][ ] Exp. Date [ ][ ]/[ ][ ]/[ ][ ]
- Bill me \$ \_\_\_\_\_  Per Month  Per Quarter  Other, on [ ][ ]/[ ][ ]/[ ][ ]
- On-line billing E-mail address: \_\_\_\_\_
- Automatic Transfer.** I authorize my financial institution to transfer from my checking account to HIUW \$ \_\_\_\_\_ monthly, beginning [ ][ ]/[ ][ ]/[ ][ ] (attach voided check), or a one time automatic transfer beginning on [ ][ ]/[ ][ ]/[ ][ ]

Mailing Address \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Day Phone \_\_\_\_\_

Check here if you have remembered HIUW in your will, and please let us know so we can thank you. TOP COPY - HIUW

No goods or services of more than nominal value have been given in return for this contribution.

Your pledge this year will be distributed to HIUW agencies next year.

To help keep processing costs low, please print neatly within the boxes.

Total Annual Deduction \$ \_\_\_\_\_

Cash or Check \$ \_\_\_\_\_

VISA, MC, AMEX or DISCOVER \$ \_\_\_\_\_

Total Billing Amount \$ \_\_\_\_\_

Total Auto Transfer \$ \_\_\_\_\_

**TOTAL GIFT** \$ \_\_\_\_\_



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

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Check here if you have remembered HIUW in your will, and please let us know so we can thank you. DONOR COPY

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## Instructions for Pledge Card

- Select a method of payment. You may choose to give in a any combination of the following: Payroll deduction\* (indicate per month and annual gifts), cash, check (payable to Hawaii Island United Way), VISA, M/C, AMEX, DISCOVER, bill me or automatic transfer.
- Fill in the appropriate boxes with the amount of your gift. Add your choices and fill in the "Total Gift" box. *Please print neatly within the boxes.*
- Fill in your home address (street, apt.#, city, zip and daytime phone) and don't forget to sign the form.

\*Your signature is required for payroll deduction option, bill me, credit card pledges, and automatic transfers.

## How Your Gift Makes a Difference

**\$10.00 PER MONTH** helps an elderly person receive day care services through tuition aid.

**\$5.00 PER WEEK** provides activities, guidance and educational counseling services for at-risk youth.

**\$27.00 PER DAY** provides a recovering mentally ill person with room and board in a residential program while learning independent living and social skills.

**Mahalo for your gift!**



**Hawaii Island United Way**