



HAWAII ISLAND UNITED WAY, INC.

P. O. BOX 745 HILO, HI 96721-0745
(808) 935-6393 (HILO) (808) 326-7400 (KONA)
www.HawaiiUnitedWay.org



I, _____ PLEDGE
Donor Name (Please Print Legibly)

\$ _____
Pledge Amount

CONTACT INFORMATION
(Required for any pledge acknowledgements)

Employer: _____
Please print legibly!

Address: _____
Required for IRS Acknowledgements

City, State Zip Code _____

Phone: _____

e-mail address: _____

I WANT TO SUPPORT MY COMMUNITY IN THE FOLLOWING WAY

- CASH
 - CHECK CHECK DATE _____ CHECK # _____
 - BILLING ONE-TIME MONTHLY QUARTERLY OTHER
 ON-LINE BILLING
 - CREDIT CARD VISA MC AMEX DISCOVER
- Account # _____
- Expiration Date: _____

(EFT)Electronic Funds Transfer (Attach Voided Check)
 ONE-TIME _____ MONTHLY \$ _____
Month/Year Per Month

Please process my gift as I indicated above. Monthly EFT transactions will begin in January.
One time deductions will commence in the month and year as indicated above.

PAYROLL DEDUCTIONS MONTHLY \$ _____
 ONE-TIME TOTAL \$ _____

I authorize my company to deduct from my payroll check the total pledge amount as outlined above.
I understand payroll deductions will begin in January.

SIGN HERE

Signature Required for Billings, Credit Card Pledges, Electronic Funds Transfer(EFT), and Payroll Deductions.

MAHALO FOR YOUR SUPPORT!
NO GOODS OR SERVICES OF MORE THAN NOMINAL VALUE HAVE BEEN GIVEN IN RETURN FOR THIS CONTRIBUTION

RESULTS YOU CAN SEE!

WHITE COPY ((Payroll Department or Hawaii Island United Way for Billing, Charge Card, EFT Options)
YELLOW COPY (Hawaii Island United Way, Inc.)
PINK COPY (Donor Copy-Please keep for tax purposes!)