

2018 STATE PLEDGE FORM

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



Hawaii Island United Way

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

Mr. Ms. 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 2018 pledge will be distributed in 2019.

Payroll Deduction: I authorize the Comptroller to deduct the following amount \$_____ per month beginning January 2019. **Last Four Digits Of SS# Required For Payroll Deduction.**

Cash **Check** **Check #:** _____ **Check Date:** _____
(Payable to **Hawaii Island United Way**)

* **Credit Card:** I authorize a one-time monthly quarterly charge to my credit card

Account # _____ Zip Code: _____ Exp. Date _____

*Monthly & Quarterly credit card/billing transactions will begin January 2019.

Please check this box if you would like your name withheld from publication.

Yes! Please email me updates.

Yes! I would like to volunteer with HIUW!

Yes! Please send me Planned Giving Information.

\$	Total Annual Payroll Deduction
\$	Cash/Check
\$	Total Credit Card
\$	MY TOTAL PLEDGE

* Section 1 must be completed.

3 SIGN HERE



SIGNATURE REQUIRED

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

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.

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.

Please contact Hawaii Island United Way at 808-935-6393 for information, referrals, or to volunteer and offer assistance.

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 acknowledgement from the agency you designated to.

How your investment grows...

1 Trained HIUW volunteers meet with partner agencies to review programs & services needed on Hawaii Island.

2 HIUW distributes your donations to partner agencies, investing in specific programs with measurable results.

3 Program outcomes are routinely measured for "Results we can see!" By tracking successes, we are also better able to address the changing needs of our community.

Five United Way Agencies...

