



# STATE PLEDGE FORM

This year's campaign, named "Power of Giving," shines as a symbol of hope and unity for the communities of Hawai'i Island. It welcomes all who are passionate about making a positive impact, providing a special chance to participate, connect, and honor the strength of giving together. This project goes beyond fundraising; it aims to unite people's hearts and efforts in backing essential programs and services that impact numerous lives throughout the island.

*Mahalo for being a part of this journey!*



## STEP 1 My information

Please print boldly and legibly. Your personal information is kept confidential.

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Employer \_\_\_\_\_ **AGT:001**

## STEP 2 About my gift

Amounts should equal total gift in Step 3.

**Hawai'i Island United Way (HIUW)** \$ \_\_\_\_\_

AND/OR HIUW Nonprofit Partner:

American Red Cross.....\$ \_\_\_\_\_

Arc of Kona.....\$ \_\_\_\_\_

Big Island Substance Abuse Council (BISAC).....\$ \_\_\_\_\_

Bridge House.....\$ \_\_\_\_\_

Child and Family Services.....\$ \_\_\_\_\_

Family Support Services of West Hawai'i.....\$ \_\_\_\_\_

Friends of the Children's Justice Center.....\$ \_\_\_\_\_

Full Life.....\$ \_\_\_\_\_

Girl Scouts of Hawai'i.....\$ \_\_\_\_\_

Hawai'i Island Adult Car (HIAC).....\$ \_\_\_\_\_

Hawai'i Literacy/ Kona Literacy Center.....\$ \_\_\_\_\_

Hawai'i Island Home for Recovery.....\$ \_\_\_\_\_

Hawai'i Care Choices/Hospice of Hilo.....\$ \_\_\_\_\_

Ku'ikahi Mediation Center.....\$ \_\_\_\_\_

Kumukahi Health & Wellness.....\$ \_\_\_\_\_

Legal Aid Society of Hawai'i.....\$ \_\_\_\_\_

Mental Health Kokua.....\$ \_\_\_\_\_

PATCH-People Attentive to Children.....\$ \_\_\_\_\_

Salvation Army of Hilo.....\$ \_\_\_\_\_

Salvation Army of Kona.....\$ \_\_\_\_\_

Special Olympics West Hawai'i.....\$ \_\_\_\_\_

The Food Basket.....\$ \_\_\_\_\_

West Hawai'i Mediation.....\$ \_\_\_\_\_

Island of Hawai'i YMCA.....\$ \_\_\_\_\_

YWCA Hawai'i Island.....\$ \_\_\_\_\_

I want to support another nonprofit through HIUW by designating my gift.\*

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

\$ \_\_\_\_\_

## STEP 3 Gift amount and payment method

**TOTAL ANNUAL GIFT = \$**

PAYROLL DEDUCTION \$ \_\_\_\_\_

I authorize the comptroller to deduct the following amount per month beginning January 1st, 2025. (Last 4 digits of SS# required for payroll).

CHECK AND/OR CASH \$ \_\_\_\_\_

**Please attach and make payable to Hawai'i Island United Way**

Check Number \_\_\_\_\_ Check Date \_\_\_\_\_

CREDIT CARD \$ \_\_\_\_\_

To pledge online, scan the QR code below or go to [hiuw.org](http://hiuw.org).

Visa  Mastercard  American Express  Discover

Card # \_\_\_\_\_

Exp. date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Monthly payments beginning (MM/YY) \_\_\_\_\_

One-time payments beginning (MM/YY) \_\_\_\_\_

Quarterly payments beginning (MM/YY) \_\_\_\_\_

*This authorization may be canceled at anytime by calling Hawai'i Island United Way at 808-935-6393.*

I wish to remain anonymous.

My name may be released to HIUW or the designated program/agency for possible public recognition.

## CONNECT WITH US



Share your time & talents!

Sign up to Volunteer: [hiuwvolunteer](http://hiuwvolunteer)



**Hawai'i Island United Way**  
688 Kino'ole Street, Suite 201  
Hilo, HI 96720  
808-935-6393 | [hiuw.org](http://hiuw.org)

## STEP 4 Please sign and date

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. IRS tax receipts will be sent out in January for qualifying donations of \$250 or more in a calendar year. Consult your tax advisor for more information. Please visit [hiuw.org](http://hiuw.org) for more information and frequently asked questions.