

STEP 4 Please sign and date

PLEDGE FORM

The "Power of Giving" campaign symbolizes hope and unity for Hawaii Island communities. It invites those passionate about making a positive impact to connect and celebrate the strength of giving. Beyond fundraising, the initiative seeks to unite efforts in supporting vital programs and services that affect many lives across the island.





STEP 1 My information Please print I	boldly and le	gibly.	y. Your personal information is kept confidential.	30
First Name	1	M.I.	Last Name Suffix	
Home Address			City	
State Zip Email				
Phone Employ	er			
STEP 2 About my gift Amounts shou total gift in Ste			STEP 3 Gift amount and payment method	
Hawai'i Island United Way (HIUW)	\$. TOTAL ANNUAL GIFT = \$	Т
AND/OR HIUW Nonprofit Partner:				
American Red Cross			PAYROLL DEDUCTION	
Arc of Kona	"			₊)
Big Island Substance Abuse Council (BISAC)				
O Bridge House			CHECK/WD/OK C/SH	
Child and Family Services			•	
Family Support Services of West Hawai'i			Check Number Check Date	
Friends of the Children's Justice Center			CREDIT CARD To pledge online, scan the QR code below or go to hiu	w.org.
Full Life.			── ○ Visa ○ Mastercard ○ American Express ○ Discover	
○ Girl Scouts of Hawai'i			Card #	
Hawai'i Island Adult Care (HIAC)			 Exp. date	
Hawai'i Literacy/ Kona Literacy Center				
Hawai'i Island Home for Recovery				
Hawai'i Care Choices/Hospice of Hilo			One-time payments beginning (MM/YY)	
Ku'ikahi Mediation Center			Quarterly payments beginning (MM/YY) This authorization may be canceled at anytime by calling	
Kumukahi Health & Wellness			Hawai'i Island United Way at 808-935-6393.	
Legal Aid Society of Hawai'i Mental Health Kokua			I wish to remain anonymous.	
PATCH-People Attentive to Children Salvation Army of Hilo			• I i j i i i i i i i i i i i i i i i i i	ency
Salvation Army of Kona				
Special Olympics West Hawai'i			· IIIMMEIIT WITH IIS	
The Food Basket				
West Hawai'i Mediation				
Island of Hawai'i YMCA			Share your time & talents.	
YWCA Hawai'i Island				
	<i>ي</i>		Hawai'i Island United Way	
I want to support another nonprofit through HIUW by designating my gift.*			688 Kinoʻole Street, Suite 201	
Agency Name				
Agency Address	\$			
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Date:

Signature: X_