

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

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.



SIGNATURE REQUIRED

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

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...

