

**Donor Information**

PRINT NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

HOME CELL WORK

EMAIL: \_\_\_\_\_

- Please withhold my name from publication.
- Yes! I would like to volunteer with HIUW!
- Yes! Please send me Planned Giving information.
- Yes! Please email me updates.



MAILING ADDRESS:  
 Hawaii Island United Way, Inc.  
 P.O. Box 745 Hilo, HI 96721-0745  
 Ph: (808) 935-6393

To pledge online, please visit [www.hiuw.org/donate](http://www.hiuw.org/donate)

**WHITE:** Your Payroll Dept. or HIUW **YELLOW:** HIUW **PINK:** Please keep for your tax records

\$ \_\_\_\_\_ **TOTAL PLEDGE**

**Select Your Pledge Options**

\$ \_\_\_\_\_ CASH

\$ \_\_\_\_\_ CHECK Ck. No. \_\_\_\_\_ Ck. Date \_\_\_\_\_

\$ \_\_\_\_\_ CREDIT CARD:  One-Time  Monthly  Quarterly

Account No. \_\_\_\_\_

Exp. Date \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Contact Ph. No. \_\_\_\_\_

\$ \_\_\_\_\_ PAYROLL DEDUCTION (Verify with your employer)

Name of Employer: \_\_\_\_\_

One-Time  Per Pay Period  Monthly

I authorize my Employer to deduct from my payroll check my total pledge amount as outlined above.

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

*No goods or services of more than the nominal value have been given in return for this contribution. Monthly or Quarterly transaction(s) of credit card pledges will be processed beginning January.*