



Hawaii Island United Way

2020 STATE PLEDGE FORM

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

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

Mr. Ms. Other _____ Suffix _____ SS# XXX-XX-_____ PR-DIST. NO.: _____

NAME (as it appears on pay stub): _____ Job Title: _____ AGT:001

Home/Billing Address: _____ City/State: _____ Zip: _____

Day Phone: _____ E-mail Address: _____

2 MY TOTAL PLEDGE & HOW I CHOOSE TO PAY ~ Your 2020 pledge will be distributed in 2021.

Payroll Deduction: I authorize the Comptroller to deduct the following amount \$ _____ per month beginning January 2021. *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 2021.

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.

* Section 1 must be completed.

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

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.

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 your designated agency.

How your investment grows...

1) Trained HIUW volunteers meet with partner agencies to review programs & services needed on Hawai'i Island.

2) HIUW distributes your donations to partner agencies, investing in 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...

