

2017 DONATION CHECKLIST

200 N. Vineyard Blvd., Suite 700 • Honolulu, HI 96817 • @alohaunitedway • auw.org



Checklist by Method of Payment

Pledge Form with Payroll Deduction

- Total annual gift amount
- Per pay period amount
- # of Pay Periods
- Last four digits of SSN (State of Hawaii Employees Only)
- 10 Digit EID (City & County Employees Only)
- Donor's original signature (NO photocopies)**
- Make a copy for your records
- Submit copy to Payroll Department before first pay period deduction

Pledge Form with Automatic Transfer

- Donor's address & telephone number
- Total annual gift amount
- Debit amount per month
- Date to begin transfer
- Voided check
- Donor's original signature (NO photocopies)**

Pledge Form with Cash or Check

- Total annual gift amount
- Made payable to **Aloha United Way**
- If check is not in donor's name, donor's name in Note section
- Donor's original signature (NO photocopies)**

Pledge Form with Credit Card

- Donor's billing address and telephone number
- Total annual gift amount (one-time charge)
- Credit card number and expiration date
- Donor's original signature (NO photocopies)**

Pledge Form with Bill Me

- Total annual gift amount
- Donor's billing address and telephone number
- \$48 minimum**
- Billing preference (monthly, quarterly, or one time)
- Donor's original signature (NO photocopies)**

ALL Methods of Payment Which Include Agency Support

- Donor's name, address, and telephone number
- Partner Agency code (see Brochure)
- \$48 minimum per choice** (Agency/Code)
- Donor's original signature (NO photocopies)**