## The 7-Step Checklist

1. For Easy Payroll Deduction:

\_\_\_ Total annual gift amount

\_\_\_ Per pay period amount

\_\_\_ Per month amount **(DOE, State & UH)**

**\_\_\_** # of Pay Periods

\_\_\_ Last four digits of SSN **(DOE, State & UH)**

\_\_\_ 10-digit employee ID number **(City & County)**

\_\_\_ **Donor’s signature**

\_\_\_ Make a copy for your records

1. For Automatic Transfer:

\_\_\_ Donor’s address & telephone number

\_\_\_ Debit amount per month

\_\_\_ Date to begin transfer

\_\_\_ Voided check

\_\_\_ **Donor’s signature**

1. For Cash and Checks:

\_\_\_ Total annual gift amount

\_\_\_ Donor’s address (contributions of $250 or more)

\_\_\_ Made payable to ***Aloha United Way***

\_\_\_ **Donor’s signature** on check

1. For Credit Cards:

\_\_\_ Total annual gift amount

\_\_\_ Donor’s address & telephone number

\_\_\_ One-time charge amount

\_\_\_ Credit card number

 (AMEX - 15 digits, All Others – 16 digits)

\_\_\_ Expiration date (month/year)

\_\_\_ **Donor’s signature**

1. For Bill Me:

\_\_\_ Total annual gift amount

\_\_\_ Donor’s billing address & telephone number

\_\_\_ Billing amount

\_\_\_ **$48 minimum**

\_\_\_ Billing preference (i.e., per month, per quarter,

 One time-notate mo./yr. to be billed)

\_\_\_ **Donor’s signature**

1. For Donor Choice:

\_\_\_ Donor’s name, address & telephone number

\_\_\_ Donor’s company

\_\_\_ 5 Digit Agency/Program code

\_\_\_ **$48 minimum for all choices** except for AUW’s

 Community Care Fund, Programs & Impact

 Areas

\_\_\_ **Donor’s original signature (NO photocopies)**

\_\_\_ Make a copy for your records

1. For Deposit Sheets:

\_\_\_ Names listed are only for pledges being submitted,

 also may include Corp Gifts/Fundraisers

\_\_\_ Include your organization’s name and

 account number on deposit sheets

\_\_\_ Coordinator & AUW Representative’s signature

\_\_\_ **Make copies of deposit sheets for your records**

## The 7-Step Checklist

1. For Easy Payroll Deduction:

\_\_\_ Total annual gift amount

\_\_\_ Per pay period amount

\_\_\_ Per month amount **(DOE, State & UH)**

**\_\_\_** # of Pay Periods

\_\_\_ Last four digits of SSN **(DOE, State & UH)**

\_\_\_ 10-digit employee ID number **(City & County)**

\_\_\_ **Donor’s signature**

\_\_\_ Make a copy for your records

1. For Automatic Transfer:

\_\_\_ Donor’s address & telephone number

\_\_\_ Debit amount per month

\_\_\_ Date to begin transfer

\_\_\_ Voided check

\_\_\_ **Donor’s signature**

1. For Cash and Checks:

\_\_\_ Total annual gift amount

\_\_\_ Donor’s address (contributions of $250 or more)

\_\_\_ Made payable to ***Aloha United Way***

\_\_\_ **Donor’s signature** on check

1. For Credit Cards:

\_\_\_ Total annual gift amount

\_\_\_ Donor’s address & telephone number

\_\_\_ One-time charge amount

\_\_\_ Credit card number

 (AMEX - 15 digits, All Others – 16 digits)

\_\_\_ Expiration date (month/year)

\_\_\_ **Donor’s signature**

1. For Bill Me:

\_\_\_ Total annual gift amount

\_\_\_ Donor’s billing address & telephone number

\_\_\_ Billing amount

\_\_\_ **$48 minimum**

\_\_\_ Billing preference (i.e., per month, per quarter,

 One time-notate mo./yr. to be billed)

\_\_\_ **Donor’s signature**

1. For Donor Choice:

\_\_\_ Donor’s name, address & telephone number

\_\_\_ Donor’s company

\_\_\_ 5 Digit Agency/Program code

\_\_\_ **$48 minimum for all choices** except for AUW’s

 Community Care Fund, Programs & Impact

 Areas

\_\_\_ **Donor’s original signature (NO photocopies)**

\_\_\_ Make a copy for your records

1. For Deposit Sheets:

\_\_\_ Names listed are only for pledges being submitted,

 also may include Corp Gifts/Fundraisers

\_\_\_ Include your organization’s name and

 account number on deposit sheets

\_\_\_ Coordinator & AUW Representative’s signature

\_\_\_ **Make copies of deposit sheets for your records**