

2017 STATE PLEDGE FORM

MAHALO for making a difference in our community!

200 N. Vineyard Boulevard, Suite 700 • Honolulu, Hawaii 96817-3952 • (808) 536-1951 • @alohaunitedway • auw.org



Aloha United Way

MY INFORMATION

The "My Information" Section must be completed by the donor to process the gift.

Mr. Mrs. Ms. Dr. Other _____ Suffix (Jr., Sr.) _____

AGT: 002

FIRST NAME _____ MI _____ LAST NAME _____

HOME ADDRESS _____ CITY _____

STATE _____ ZIP _____ CELL _____ WORK _____

PERSONAL EMAIL _____ WORK EMAIL _____

DEPARTMENT/SCHOOL _____

I want my gift to remain anonymous.

I wish to be listed in recognition materials as follows: _____

Loyal Contributor: Aloha United Way donor for 10 years or more. Diamond Donor: Aloha United Way donor for 25 years or more.

Age: 18-39 40-45 46-55 56+ (Optional - Please help us know you better)

OUR PRIVACY PLEDGE TO YOU: Aloha United Way respects the privacy of its contributors and does not rent, trade or sell donor contact information. Your information is used only to properly credit your contribution and to communicate about Aloha United Way and related program information. Mahalo for your support!

METHOD OF PAYMENT

PAYROLL DEDUCTION \$ _____ TOTAL ANNUAL GIFT

Per month \$200 \$100 \$50 \$20 \$10 Other \$ _____

Last Four Digits of SS# Required for Payroll Deduction. SS# XXX-XX-_____

I authorize the Comptroller to deduct payment beginning January 2018.

Note: Aloha United Way needs to receive ALL PAYROLL PLEDGES by 10/31/2017.

MY TOTAL PLEDGE
\$ _____

DIRECT GIFT OF \$ _____

Cash

Check # _____ (attached) Checks cashed upon receipt. Check payable to Aloha United Way.

Credit Card (VISA / MasterCard / AmEx) Card # _____ Exp. /

 /

In lieu of completing this form, you can make your donation online at auw.org/donate for immediate processing.

AUTOMATIC TRANSFER \$ _____ TOTAL ANNUAL GIFT (Attach voided check)

Debit Amount \$ _____ monthly from my checking account beginning _____ 15, 2018 or on the next business day.

BILL ME \$ _____ TOTAL ANNUAL GIFT (\$48 minimum)

Monthly Beginning / Quarterly Beginning / One Time /

INVEST MY GIFT

1. ALOHA UNITED WAY COMMUNITY CARE FUND (80100)

Your gift provides help where it is needed the most. \$ _____

2. COMMUNITY IMPACT

EDUCATION (80113) \$ _____

Creating a comprehensive approach to education that spans from cradle to career.

POVERTY PREVENTION (80114) \$ _____

Helping individuals/families build assets and become financially stable through proven methods that result in everyone having more opportunity.

SAFETY NET (80105) \$ _____

Providing services to those in our community experiencing crisis or hardship.

Date: _____
SIGNATURE REQUIRED
(No goods or services of more than nominal value given in return for this contribution.)

Original Signature Required.
NO PHOTOCOPIES OF SIGNATURES ACCEPTED.
Contact Aloha United Way at 536-1951
for additional forms or visit our website at auw.org.
AUW - Original • DONOR - Please make copies for your records.

STATE (Over)

All methods of payment, except Payroll Deduction:
This form must be signed and returned to Aloha United Way no later than December 31, 2017.

3. INVEST MY GIFT (CONTINUED) (Select from the Aloha United Way programs or direct your gift to an agency)

AGENCY SUPPORT*

(\$48 MINIMUM PER AGENCY)

My gift is designated to one or more specific agencies. For list of codes, visit auw.org/donor-choice.

Friendly Isle United Fund (Molokai)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ _____	Code #	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ _____
Hawaii Island United Way	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ _____	Code #	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ _____
Kauai United Way	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ _____	Code #	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ _____
Maui United Way	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ _____	Code #	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ _____

TOTAL ALOHA UNITED WAY AND AGENCY SUPPORT \$

*Must not exceed total pledge. If agency designation is not a minimum of \$48 per agency, the donation will be allocated to the AUW Community Care Fund. **Your 2017 gift will be distributed in 2018.**

4. GIVING SOCIETIES

Check the box if you have donated the noted amount and want to be a part of this giving society.

- Please check here if you are between the ages of 21-39, donated a minimum of \$120 and are interested in joining our **Society of Young Leaders**, a remarkable group whose mission is to give, serve and learn to better our community.
- Please check here if you are age 35-plus, donated a minimum of \$240 and are interested in joining **Hawaii Cares**, a volunteer initiative of exceptional professionals that serve to inspire and empower leaders to create a better Hawaii.
- Please check here if you are female, donated a minimum of \$1,000 and are interested in joining **Women United**, this extraordinary group of women leaders engaged in philanthropy, advocacy and are passionate about creating lasting change in our community.

5. GIVING GUIDE

26 Payments	24 Payments	12 Payments	Total Annual Gift Amount
\$4.62	\$5.00	\$10.00	\$120.00
\$9.23	\$10.00	\$20.00	\$240.00
\$14.04	\$15.21	\$30.42	\$365.00
\$38.47	\$41.67	\$83.33	\$1,000.00
\$100.00	\$108.34	\$216.67	\$2,600.00
\$250.00	\$270.84	\$541.67	\$6,500.00
\$384.62	\$416.67	\$833.34	\$10,000.00

Consider Dollar A Day

Giving is a personal decision and is voluntary. Whatever amount you choose to give, thank you for your donation.

YOUR GIFT MATTERS

\$10 per month will pay for 300 meals for low-income seniors and families for one year.

\$50 per month will ensure that 3 individuals who are homeless and without medical insurance will receive comprehensive medical, dental, and behavioral health services for one year.

\$250 per month will provide early childhood learning programs for one child from a lower income family for one year.

For more information, contact Aloha United Way at info@auw.org.

#JOIN THE MOVEMENT