

2017 DONOR CHOICE FORM

Use this form only if you designate your gift.

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



DONOR CHOICE GUIDELINES

1. Complete the *My Information* and *Invest My Gift* sections to process your gift.
2. Provide an original signature. No copies accepted.
3. Attach this completed form to your pledge form. (If applicable.)

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

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

FIRST NAME _____ MI _____ LAST NAME _____

HOME ADDRESS _____ CITY _____

STATE _____ ZIP _____ CELL _____ WORK _____

PERSONAL EMAIL _____ WORK EMAIL _____

COMPANY NAME _____

MY TOTAL PLEDGE

\$

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!

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

ALOHA UNITED WAY
COMMUNITY CARE FUND (80100) \$ _____
Your gift provides help where it is needed the most.

EDUCATION (80113) \$ _____
Creating a comprehensive approach to education that spans from cradle to career.

SAFETY NET (80105) \$ _____
Providing services to those in our community experiencing crisis or hardship.

POVERTY PREVENTION (80114) \$ _____
Helping individuals/families build assets and become financially stable through proven methods that result in everyone having more opportunity.

211 INFORMATION AND REFERRAL SERVICE (80106) \$ _____
Confidential, toll free help hotline for anyone in Hawaii in need of help.

<p>_____ Date: _____</p> <p> SIGNATURE REQUIRED (No goods or services of more than nominal value given in return for this contribution.)</p>	<p>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 • COORDINATOR - Please make copies for your records.</p>
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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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Hawaii Island United Way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Kauai United Way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Maui United Way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Code #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Code #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Code #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Code #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
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Code #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Code #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Code #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Code #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

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	\$833.33	\$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