# 2020 PLEDGE FORM CHECKLIST

**Aloha United Way**

200 N. Vineyard Blvd., Suite 700 • Honolulu, HI 96817 • AUW.org

<table>
<thead>
<tr>
<th>Checklist by Method of Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>To complete the pledge form collection process, please make sure you have the following information:</td>
</tr>
</tbody>
</table>

## Payroll Deduction
- [ ] Total annual gift amount
- [ ] Per pay period amount
- [ ] Per month amount (DOE, State, UH)
- [ ] # of Pay Periods
- [ ] Last four digits of SSN (State of Hawaii Employees Only)
- [ ] 10 Digit EID (City & County Employees Only)
- [ ] Donor’s signature
- [ ] Make a copy for your records
- [ ] Submit copy to Payroll Department before first pay period deduction

## Automatic Transfer
- [ ] Donor’s address & telephone number
- [ ] Total annual gift amount
- [ ] Debit amount per month
- [ ] Date to begin transfer
- [ ] Voided check
- [ ] Donor’s signature

## Cash or Check
- [ ] Total annual gift amount
- [ ] Checks made payable to “Aloha United Way” or “AUW”
- [ ] If check is not in donor’s name, write donor’s name in “Note” section
- [ ] Donor’s signature

## Credit Card
- [ ] Donor’s billing address and telephone number
- [ ] Total annual gift amount (one-time charge)
- [ ] Credit card number and expiration date
- [ ] Donor’s signature

## Bill Me
- [ ] Total annual gift amount
- [ ] Donor’s billing address and telephone number
- [ ] $48 minimum
- [ ] Billing preference (monthly, quarterly, or one time)
- [ ] Donor’s signature

## ALL Methods of Payment Which Include Agency Support
- [ ] Donor’s name, address, and telephone number
- [ ] Partner Agency code (see Brochure)
- [ ] $48 minimum for all choices except for AUW’s 211, ALICE, Community Care, & Safety Net
- [ ] Donor’s signature