



**STEP #1 MY DONOR INFORMATION**

Mr. Mrs. Ms. First Name M.I. Last Name  Work  Personal  Other

Preferred Email Address

Home Address City State Zip Code

Company Name Work Phone Cell Phone

Please list my/our name as follows in recognition items: \_\_\_\_\_

I prefer that my/our gift remain anonymous.  I would like to honor \_\_\_\_\_ with my gift.

Please help us get to know you better. Age:  18-29  30-39  40-59  60+ Gender:  Female  Male  Non-binary  Another option

**MY ALOHA UNITED WAY INVESTMENT:**

- 1** Community Care Fund (80100) \$ \_\_\_\_\_  
Flexible and adaptable fund to address the greatest needs in our community.
- 2** ALICE® FUND (80114) \$ \_\_\_\_\_  
Tackling the root causes of financial instability for individuals and families living paycheck to paycheck.
- 3** 2-1-1 (80106) \$ \_\_\_\_\_  
Free and confidential helpline connecting individuals and families with needed resources.
- 4** Safety Net (80105) \$ \_\_\_\_\_  
Providing emergency and crisis services and resources when people are the most vulnerable.

**OPTIONAL: MY COMMUNITY INVESTMENT**

Code: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Code: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Code: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Other instructions: \_\_\_\_\_

**MY TOTAL PLEDGE: \$ \_\_\_\_\_**

**MY PAYMENT METHOD**

My 2021 pledge will be paid to Aloha United Way in  2021 or  2022

**DIRECT GIFT**

Cash  Check (Payable to Aloha United Way) Check #: \_\_\_\_\_

Total Direct Gift: \$ \_\_\_\_\_

**CREDIT CARD**

VISA  MasterCard  AmEx

Total Credit Card: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Ex. Date: \_\_\_\_\_

Monthly  Quarterly  One time  Annually Beginning on (MM/YYYY): \_\_\_\_\_ / \_\_\_\_\_

Ending on (MM/YYYY): \_\_\_\_\_ / \_\_\_\_\_

**BILL ME (Minimum \$48)**

Monthly  Quarterly  One time Beginning on (MM/YYYY): \_\_\_\_\_ / \_\_\_\_\_

Total Bill Me: \$ \_\_\_\_\_

**STOCK**

Visit [auw.org/donate](http://auw.org/donate) for stock gifts and donor advised funds.

**PAYROLL DEDUCTION** (Payroll deduction begins January 2021.) Number of Pay Periods: \_\_\_\_\_

Amount per Pay Period: \$ \_\_\_\_\_

Total Payroll Deduction: \$ \_\_\_\_\_



**SIGNATURE REQUIRED**

**DATE**

RETURN THIS FORM TO DIRECTOR OF MAJOR GIFTS AT [TOCQUEVILLE@AUW.ORG](mailto:TOCQUEVILLE@AUW.ORG)

