



2022 ALOHA UNITED WAY TOCQUEVILLE SOCIETY PLEDGE FORM

200 N. Vineyard Boulevard, Suite 700 • Honolulu, Hawaii 96817-3952
(808) 536-1951 AUW.org | [@alohaunitedway](https://twitter.com/alohaunitedway)



STEP #1 MY DONOR INFORMATION (Please Print Clearly)

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

- I prefer that my/our gift remain anonymous.
- I would like to honor _____ with my gift.
- List my/our name as _____

TELL US ABOUT YOURSELF

- Age: 18-29 30-39 40-59 60+
- Gender: Female Male Non-binary Choose not to disclose

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!

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 2022 pledge will be paid to Aloha United Way in 2022 or 2023

DIRECT GIFT

Cash Check (Payable to Aloha United Way) Check #: _____

Total Direct Gift: \$ _____

CREDIT CARD VISA MasterCard AmEx

Card Number: Exp. Date:

Total Credit Card: \$ _____

Monthly Quarterly Annually One time 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 for stock gifts and donor advised funds.

PAYROLL DEDUCTION (Payroll deduction begins January 2023.) Number of Pay Periods: _____

Amount per Pay Period: \$ _____

Total Payroll Deduction: \$ _____



SIGNATURE REQUIRED

RETURN THIS FORM TO DIRECTOR OF MAJOR GIFTS AT TOCQUEVILLE@AUW.ORG

DATE

