



# 2024 ALOHA UNITED WAY PLEDGE FORM



200 N. Vineyard Boulevard, Suite 700 • Honolulu, Hawaii 96817-3952  
(808) 543-2208 • Email: [donorrelations@auw.org](mailto:donorrelations@auw.org) • [AUW.org](http://AUW.org)

STATE

This form must be signed and returned to Aloha United Way no later than December 31, 2024

## MY DONOR INFORMATION (Please Print Clearly)

Mr. Mrs. Ms. First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Preferred Email Address \_\_\_\_\_  Work  Personal

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

College / School / Department \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Age:  18-39  40-45  46-55  56+

Gender:  Female  Male  Non-binary

**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!**

## MAKE THE GREATEST IMPACT BY DONATING TO ALOHA UNITED WAY (No minimum required and no processing fees charged.)

Aloha United Way has developed specific funds to tackle the greatest issues facing our community. We bring together and invest in non-profit partner agencies that provide the support services to make a greater collective impact in the areas below.

2-1-1 (80106) \$ \_\_\_\_\_

ALICE (80114) \$ \_\_\_\_\_

COMMUNITY CARE (80100) \$ \_\_\_\_\_

SAFETY NET (80105) \$ \_\_\_\_\_

## MY PAYMENT METHOD

**PAYROLL DEDUCTION:** Number of Pay Periods  1  24 Payroll deduction begins January 2025.

SS# (Last four digits):     I authorize DAGS to deduct payment beginning January 2025.

Aloha United Way **MUST** receive ALL PAYROLL PLEDGES by 11/08/2024.

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

### DIRECT GIFT

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

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

**CREDIT CARD**  VISA  MasterCard  American Express  Discover

Card Number:                 Exp. Date:

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

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

### BILLING

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

Total Billing:  
\$ \_\_\_\_\_

### AUTOMATIC TRANSFER (Attach voided check)

Transfer \$ \_\_\_\_\_ monthly from my checking account beginning on   / 15/2024

Total Automatic Transfer:  
\$ \_\_\_\_\_

### STOCK OR DONOR ADVISED FUNDS

Visit [auw.org/give](http://auw.org/give)

### TOTAL ANNUAL PLEDGE: \$

Your 2024 gift will be distributed in 2025. \_\_\_\_\_



Date: \_\_\_\_\_

**SIGNATURE REQUIRED** (Electronic Signature Accepted)

STATE (Over)

## OPTIONAL INVESTMENT

Our goal is to make it as easy as possible for you to meet your philanthropic goals and feel great about your giving. If you have a favorite non-profit, you can allocate a gift below. Gifts less than \$20 per agency will be allocated to the community needs.

### AGENCY DESIGNATION *(\$20 minimum per agency and no processing fees charged.)*

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

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



SOCIETY OF YOUNG LEADERS (80116) \$ \_\_\_\_\_

Join other young professionals on a mission to serve and make a positive impact on community issues. Ages 21-39.

Yes, I would like to join or renew

### AGENCY DESIGNATION *(\$20 minimum per agency and no processing fees charged.)*

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

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



WOMEN UNITED (80115) \$ \_\_\_\_\_

Serve with women leaders empowering women to move from poverty and crisis to economic success and security.

Yes, I would like to join or renew

## LEAVE A LASTING LEGACY

Leave a lasting legacy for the community and causes you love by joining the Ānuenu Legacy Society. Making a planned gift to Aloha United Way can be as simple as naming us as a beneficiary in your will, trust, retirement plan, life insurance policy or other financial accounts.



Please send me information on leaving a legacy gift to meet future community needs.

I've already included Aloha United Way in my will or estate plans. Please confirm my membership in the Ānuenu Legacy Society.

For more information, visit [auw.org/planned-giving](http://auw.org/planned-giving)



## THANK YOU

Thank you for your pledge. Your contribution makes a tangible difference, providing essential resources such as food, shelter, education access, medicine, and childcare to local neighbors and families.

I wish to remain anonymous.

I'd like to subscribe to the AUW monthly newsletter to stay informed about the impact of my donation on our community. (Rest assured, we do not spam our email subscribers.) Preferred email: \_\_\_\_\_

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