



CREATING CHANGE

2020 ALOHA UNITED WAY PLEDGE FORM

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



STATE

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

Department/School Name

Work Phone Cell Phone

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!

STEP #2 MY PAYMENT METHOD

PAYROLL DEDUCTION:

Payroll deduction begins January 2021.

Amount per Pay Month: \$100 \$50 \$25 \$10 \$5 Other: \$

Payroll Deduction Amount: \$

NOTE: The Department of Accounting and General Services (DAGS) requires the last four digits of your SS# in order to process your payroll deduction.

SS# (Last four digits):

I authorize the comptroller to deduct payment beginning January 2021.

Aloha United Way MUST receive ALL PAYROLL PLEDGES by 11/15/2020.

DIRECT GIFT

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

Direct Gift Amount: \$

CREDIT CARD

VISA MasterCard AmEx

Card Number: Ex. Date:

Credit Card Amount: \$

BILL ME (Minimum \$48)

Monthly Quarterly One time

Beginning on (MM/YYYY): /

Bill Me Amount: \$

AUTOMATIC TRANSFER (Attach voided check)

Transfer \$ monthly from my checking account beginning on / 15 /2020

Automatic Transfer Amount: \$

Donors of \$1,000 or more will be recognized in our Annual Report.

- List my/our name as follows:
I prefer that my gift remain anonymous.

TOTAL ANNUAL PLEDGE: \$

Your 2020 gift will be distributed in 2021.

Prefer to give online? Visit www.AUW.org/donate for credit card and "bill me" options.

Signature Date:

SIGNATURE REQUIRED

No goods or services were provided in exchange for this contribution. For payroll contributions, please keep a copy of this form for your tax records. You will also need a copy of your paystub, W2, or other employer document showing the amount withheld and paid to a charitable organization. Please consult your tax advisor for more information.

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.

STATE (over)

This form must be signed and returned to Aloha United Way no later than December 31, 2020.

STEP #3 MAKE THE GREATEST IMPACT BY DONATING TO ALOHA UNITED WAY

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. (No minimum required and no processing fees charged)



ALICE (80114) \$ _____ Tackles root causes of financial instability for people working, doing everything they can to make ends meet yet struggle to get by each month. 37% of our community is Asset Limited, Income Constrained, Employed.



2-1-1 (80106) \$ _____ Hawaii's only comprehensive, statewide community information and referral helpline. Free and confidential. Most-requested inquiries include food, shelter, financial assistance and elderly care.



SAFETY NET (80105) \$ _____ Provides basic human needs and support during emergency and crisis situations when people are the most vulnerable. Safety Net agencies strive to return households to stability.



COMMUNITY CARE (80100) \$ _____ Flexible and adaptable fund to invest in partner agencies providing services to address the greatest needs in our community.

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 nonprofit you can allocate a gift below. (\$48 minimum per agency and no processing fees charged)

Agency Designation

Code: [][][][][] Amount: \$ _____
Code: [][][][][] Amount: \$ _____

Code: [][][][][] Amount: \$ _____
Code: [][][][][] Amount: \$ _____

· Gifts less than \$48 per agency will be allocated to Aloha United Way Community Care Fund.

CREATE MY LEGACY - HONOR A LOVED ONE

I would like to honor _____ with my gift. I would like to make a planned gift, please contact me.
 I have already included Aloha United Way in my will, trust, or as an account beneficiary.

GIVING SOCIETIES

Volunteering is a rewarding and inspirational experience to see first-hand the impact your time and donations make for nonprofit agencies. Receive invites to volunteer opportunities, special events, networking and more!

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. Minimum donation \$120.

Yes, I would like to join or renew
 I'd like to donate \$ _____

WOMEN UNITED (80115)

Serve with women leaders empowering women to move from poverty and crisis to economic success and security. Minimum donation \$1,000.

Yes, I would like to join or renew
 I'd like to donate \$ _____

TELL US ABOUT YOURSELF

Please help us get to know you better.

Age: 18-29 30-39 40-59 60+ Gender: Female Male Other

STATE

SHARE THE WAYS YOU CREATE CHANGE #togetherHI