

2024 ALOHA UNITED WAY PLEDGE FORM - CITY AND COUNTY OF HONOLULU

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



MY DONOR INFORMATION (Please Print Clearly)

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

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

Preferred Email Address Work Personal

Home Address City State Zip Code

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.

Total Payroll Deduction:

C&C payroll ID/number: _____ Aloha United Way MUST receive ALL PAYROLL PLEDGES by 11/08/2024.

\$ _____

DIRECT GIFT

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

Total Direct Gift:

\$ _____

CREDIT CARD VISA MasterCard American Express Discover

Total Credit Card:

Card Number: _____ Exp. Date: _____

\$ _____

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

TOTAL ANNUAL PLEDGE: \$ _____

Your 2024 gift will be distributed in 2025.



Date: _____

SIGNATURE REQUIRED (Electronic Signature Accepted)

CITY & COUNTY (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



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: _____