



Maui United Way

2017-2018 REPORT SHEET

270 Ho'okahi Street, Suite 301
 Wailuku, HI 96793
 ph 244-8787 fax 244-8958
 Email: angela@mauiunitedway.org
 www.mauiunitedway.org

Company				Phone	
Department				Fax	
Coordinator				Email	
Address					Total Givers
City	State		ZIP		Total Employed

Name of Contributor	Enter (D) if the contributor designated their donation.	Payroll Deduction Pledge for Year	Amount of CHECK	Amount of CASH	CREDIT CARD PAYMENT	BILL DONOR	TOTAL \$
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Name of Contributor	Enter (D) if the contributor designated their donation.	Payroll Deduction Pledge for Year	Amount of CHECK	Amount of CASH	CREDIT CARD PAYMENT	BILL DONOR	TOTAL \$
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