



## 2022 STATE PLEDGE FORM

95 Mahalani St., Suite 24, Wailuku, HI 96793 • (808) 244-8787

### 1 MY INFORMATION ~ All information must be complete. (Please print clearly.)

Mr.  Mrs.  Ms.  Suffix \_\_\_\_\_ SS# XXX-XX-\_\_\_\_\_ PR-DIST. NO.: \_\_\_\_\_ AGT: 005

NAME (Last, First, Middle Initial): \_\_\_\_\_

Employer (Dept): \_\_\_\_\_

Home/Billing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Day Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### 2 MY TOTAL PLEDGE AND HOW I CHOOSE TO PAY ~ Your 2022 pledge will be distributed in 2023.

**Payroll Deduction:** I authorize the Comptroller to deduct the following amount \$ \_\_\_\_\_ **per month** beginning January 2023 for a total payroll deduction of \$ \_\_\_\_\_. **Last Four Digits of SS# Required for Payroll Deduction.**

**Cash:** \$ \_\_\_\_\_  **Check:** \$ \_\_\_\_\_ **Check #:** \_\_\_\_\_ (Payable to **Maui United Way**)

\*  **Credit Card:** I authorize a one-time charge of \$ \_\_\_\_\_ to be processed upon receipt of this pledge.

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVC Code \_\_\_\_\_

*Alternately, you may make your credit card pledge securely at [mauiunitedway.org/donate](http://mauiunitedway.org/donate)*


\* (Billing address required for processing.)

Please check this box if you would like your name withheld from publication.

<b>MY TOTAL PLEDGE</b>
\$ _____

### 3 SIGN HERE

Original Signature Required.  
NO PHOTOCOPIES OF SIGNATURE ACCEPTED.  
MUW—Original • DONOR—Please make copies for your records

 **SIGNATURE REQUIRED**  
(No goods or services of more than nominal value given in return for this contribution.)

Dollars per month	12 payments
\$5	\$60
\$10	\$120
\$20	\$240
\$50	\$600
\$100	\$1,200
\$250	\$3,000
\$500	\$6,000

#### PAYROLL DEDUCTION GIVING GUIDE

Payroll deduction is a convenient way to give.  
The chart above may be used as a guideline.

### OPTIONAL ~ I would like to designate to the following Agency/Impact Area:

Specific MUW Partner Agency: (**Minimum \$50.00 per 501(c)(3) agency**)

1. \_\_\_\_\_ \$ \_\_\_\_\_  
Agency Name Amount

2. \_\_\_\_\_ \$ \_\_\_\_\_  
Agency Name Amount

Specific Impact Area:

Education \$ \_\_\_\_\_ Income \$ \_\_\_\_\_ Health \$ \_\_\_\_\_

**Giving is a personal decision and is voluntary. Whatever amount you choose to give, mahalo nui loa.**

**Your gift changes lives and makes a difference!**

**MAHALO**