## 2024-2025 STATE PLEDGE FORM

PO Box 275, Kahului, HI 96733 • (808) 244-8787



Mr. Mrs. Ms.	Suffix	SS# XXX-XX-	PR-DIST. NO.: _	AGT: <u>005</u>
AME (Last, First, Mide	lle Initial):			
employer (Dept):				
Iome/Billing Address:			City/State:	ZIP:
ay Phone:		E-mail Add	lress:	
MY TOTAL PLEDO	GE AND HOW I	CHOOSE TO PAY	~ Your 2024 pledge will be d	listributed in 2025.
Payroll Deduction	• I authorize the (	Comptroller to deduc	t the following amount \$	per month beginning
•		-	_	# Required for Payroll Deduction.
Cash: \$	Check	<b>k:</b> \$	_ Check #:	(Payable to <b>Maui United Way</b>
Credit Card: I aut	horize a one-time	charge of \$	to be processed upon	n receipt of this pledge.
		_		
Cord #			Exp. Date	CvC Code
Card #				
			t mauiunitedway.org/donate	MY TOTAL PLEDGE
	make your credit c		t mauiunitedway.org/donate	MY TOTAL PLEDGE
Alternately, you may  (Billing address required fo	make your credit co	ard pledge securely a		MY TOTAL PLEDGE  \$
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Alternately, you may  (Billing address required for please check this box  SIGN HERE  SIGNATURE R (No goods or servi	r processing.)  if you would like you  EQUIRED  ces of more than nom  12 payments  \$60  \$120	ninal value given in retu	Origin NO PHOTOCOP MUW—Original • DOI  rn for this contribution.)  I would like to designate to t W Partner Agency: (Minimu	al Signature Required. MES OF SIGNATURE ACCEPTED. NOR—Please make copies for your records  the following Agency/Impact Area:  m \$50.00 per 501(c)(3) agency)
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