



2019 PLEDGE FORM CHECKLIST

200 N. Vineyard Blvd., Suite 700 ● Honolulu, HI 96817 ● auw.org

Charl	1-11-4	L. Mat	المما	Daymanani	L.
Unec	KIIST	ov Met	noa oi	Payment	

To complete the pledge form collection process, please make sure you have the following information:				
Payroll Deduction				
Total annual gift amount				
Per pay period amount				
Per month amount (DOE, State, UH)				
# of Pay Periods				
Last four digits of SSN (State of Hawaii Employees Only)				
10 Digit EID (City & County Employees Only)				
Donor's signature				
Make a copy for your records				
Submit copy to Payroll Department before first pay period deduction				
Automatic Transfer				
Donor's address & telephone number				
Total annual gift amount				
Debit amount per month				
Date to begin transfer				
☐ Voided check				
Donor's signature				
Cash or Check				
Total annual gift amount				
Checks made payable to "Aloha United Way" or "AUW"				
If check is not in donor's name, write donor's name in "Note" section				
Donor's signature				
Credit Card				
Donor's billing address and telephone number				
Total annual gift amount (one-time charge)				
Credit card number and expiration date				
Donor's signature				
Bill Me				
Total annual gift amount				
Donor's billing address and telephone number				
\$48 minimum				
Billing preference (monthly, quarterly, or one time)				
Donor's signature				
ALL Methods of Payment Which Include Agency Support				
Donor's name, address, and telephone number				
Partner Agency code (see Brochure)				
\$48 minimum per choice (Agency/Code)				
Donor's signature				