

Step 1. Enclosed is My Gift for: O Kapi'olani Health Foundation Make check payable to Kapi'olani Health Foundation O Pali Momi Foundation Make check payable to Pali Momi Foundation O Straub Foundation Make check payable to Straub Foundation O Wilcox Health Foundation Make check payable to Wilcox Health Foundation	
O \$50 O \$100 O \$250 O \$1,000 O \$2,500 O \$5,000	·
	nization :
Dr / Mr / Ms / Mr & Mrs / Dr & Mrs	
Circle One First Name (please print)	Last Name
Address City & State	Zip
Phone E-Mail	
Step 2. Payment Options	
I am making my gift by: Check Discover Visa American Express Securities (please call 808-535-7134)	
Account Number:	Expiration Date:
Authorized Signature:	Daytime Phone:
Print Name on Card:	
My gift will be matched by my employer:(Please enclose matching gift form)	
Step 3. Designate Your Gift.	
Please indicate the fund: Area of Great Cancer Care	est Need Women's Health Heart Care
Or, restrict my gift to this Fund (call 808-535-7100 for	und options):
O My gift is in memory of:	O My gift is in tribute to:
Please notify:	
Recipient's Name Address	City & State Zip
O My gift is anonymous	
Step 4. I Would Like to Receive More Information About:	
A Guided Tour Bequests and Legacy Gifts	Monthly Giving Corporate Gifts or Sponsorships

Step 5. Send in Your Gift.

Please enclose your check made payable to the Foundation your gift is designated to along with this form and mail it to Foundations of Hawai'i Pacific Health, 55 Merchant St., Suite 2600, Honolulu, HI 96813

^{*} For questions, please call 808-535-7100 or e-mail foundations @hawaiipacifichealth.org