

Recurring Gift Authorization Form

Step 1. I/we would like to make a Recurring Gift for:

- Kapi'olani Health Foundation** *Make check payable to Kapi'olani Health Foundation*
- Pali Momi Foundation** *Make check payable to Pali Momi Foundation*
- Straub Foundation** *Make check payable to Straub Foundation*
- Wilcox Health Foundation** *Make check payable to Wilcox Health Foundation*

- \$25 \$50 \$100 \$250 \$500
- \$750 \$1,000 Other: \$_____

Check one: Personal Business/Organization : _____

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: _____ Monthly (closest business day on/after the 15th)
_____ Quarterly beginning _____ (month)
____ Check: Enclosed Please send reminders. Automated payment service check will be set up
____ Credit Card: American Express Discover MasterCard Visa

Account Number: _____ Expiration Date: _____

Authorized Signature: _____ Daytime Phone: _____

Print Name on Card: _____

Step 3. Designate Your Gift.

Please indicate the fund: _____ Area of Greatest Need _____ Women's Health
 _____ Cancer Care _____ Heart Care

Or, restrict my gift to this Fund (call 808-535-7100 for fund options): _____

My gift is in memory of: _____ My gift is in tribute to: _____

Please notify:

Recipient's Name Address City & State Zip

My gift is anonymous

Step 4. I Would Like to Receive More Information About:

____ A Guided Tour _____ Other ways of giving
____ Bequests and Legacy Gifts _____ 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