HAWAIʻI PACIFIC HEALTH | KAPIʻOLANI PALI MOMI STRAUB WILCOX FOUNDATIONS

**Step 1. Enclosed is My Gift for:**

- ❍ **Kapiʻolani Health Foundation** *Make check payable to Kapiʻolani 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*

| | | | | |
|---|---|---|---|---|
| ❍ $50 | ❍ $100 | ❍ $250 | ❍ $500 | ❍ $750 |
| ❍ $1,000 | ❍ $2,500 | ❍ $5,000 | ❍ $10,000 | 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 by:**

____ Check ____ MasterCard ____ 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 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 ____ Monthly 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 Hawaiʻi Pacific Health, 55 Merchant St., Suite 2600, Honolulu, HI 96813

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