

Step 1. Enclosed is My 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 Benioff Foundation** *Make check payable to Straub Benioff 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 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