



## Pledge Card

### Donor Information

Last Name, First Name, M.I.
Address
City / State / Zip
Tel
E-Mail
Employer Name

The Hawaiian Way Fund is the donor program of the Council for Native Hawaiian Advancement (CNHA), a 501(c)3 nonprofit corporation reaching hundreds of community-based organizations and initiatives. Your contribution is tax deductible to the extent allowable by law.

*Mahalo for Supporting 2,000 Years of Good Ideas!*

## Council for Native Hawaiian Advancement

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[www.hawaiiancouncil.org](http://www.hawaiiancouncil.org) • [www.hawaiianwayfund.org](http://www.hawaiianwayfund.org)

### Donor Designation Program

I'd like to focus my gift in one or more of the following areas:

- HWF Mission:** To enhance the well-being of Hawaii through community-based initiatives founded on Hawaiian culture, knowledge and traditions.
- HWF Recipient Partner:** Insert Recipient Partner number below. A list of partners and numbers are located at [www.hawaiianwayfund.org](http://www.hawaiianwayfund.org).

Please choose a **type of contribution** below:

- I'd like to make a **per pay period contribution** as follows:  
Amount per pay period: \_\_\_\_\_ Begin Date: \_\_\_\_\_
- I'd like to make a **one-time contribution** in the amount of \$ \_\_\_\_\_

Please choose a **method for contributing** below:

- Payroll Deduction.** I authorize my employer to deduct my above-noted contribution.  
My Employee ID is \_\_\_\_\_
- Credit Card.** Visa / MasterCard / American Express (circle one)  
Card Number \_\_\_\_\_ / \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_  
3-digit security code
- Cash** or  **Check** (made payable to the Hawaiian Way Fund) for my **one-time contribution** in the amount noted above.

**Total Gift Amount:** \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

White-HWF

Yellow-Employer

Pink-Donor