

Ola I Ka Wai: Water is Life
\$13 Million Capital Campaign

Pledge

Name/Name of Organization	
Address	
City, State Zip Code	
Telephone	
E-Mail	
Recognition Preference (please print)	

Please check here if you wish your gift to remain anonymous.

As an expression of support for and commitment to the goals of Waimānalo Health Center and in consideration of the gifts of others:

I pledge the total sum of \$ _____ toward the *Ola I Ka Wai* Capital Campaign.

I would like my pledge contributed according to the following schedule:

- | | |
|---|--|
| <input type="checkbox"/> Annually: ___ gifts of \$ _____ | <input type="checkbox"/> Semi-Annually: ___ gifts of \$ _____ |
| <input type="checkbox"/> Monthly: ___ gifts of \$ _____ | <input type="checkbox"/> One time, on this date: _____ |
| <input type="checkbox"/> Quarterly: ___ gifts of \$ _____ | <input type="checkbox"/> First Gift with this pledge: \$ _____ |

I would like to contribute through the following methods of payment:

Through my enclosed check payable to the **Waimānalo Health Center** (with **Capital Campaign** in the memo).

Through my credit card payment:

VISA MasterCard American Express

Credit Card Number			
Expiration Date	Verification Number		
Authorized Signature			

Notes (or other asset descriptions):

 _____ Gift Value: \$ _____

Signature: _____ Date: _____

Contributions to this campaign are fully tax-deductible. Pledges may be discontinued at any time.
Our mailing address: 41-1347 Kalanianaʻole Highway, Waimānalo, Hawaiʻi 96795
Phone: (808) 259-7948 Fax: (808) 259-6449
Email: development@waimanalohealth.org

For Accounting purposes only: _____ ID: _____