



United Way

# 2017 RCUH EMPLOYEE PLEDGE FORM

MAHALO for making a difference in our community!  
"LIVE UNITED"

**INSTRUCTIONS: Complete # 1 – 8**

**DEADLINE: November 4, 2017**

**1. PRINT NAME:** (Last, First, Middle Initial)

**2. EMPLOYEE ID#:**

**3. \*SSN** (Last 4-digits required for payroll deduction):

**4. UNITED WAY ORGANIZATIONS: (check one)** Select the United Way Program you would like to contribute to.

NOTE: You may contribute to multiple United Way Programs by completing separate forms for each program. Original Donation Forms are required for each United Way organization.

- Aloha United Way (Oahu)** (AUW)     
 **Hawaii Island United Way** (HIUW)     
 **Maui United Way** (MUW)     
 **Kauai United Way** (KUW)

**5. SELECT A METHOD OF CONTRIBUTION:** (Your 2017 contribution will be distributed in 2018)

**A.  PAYROLL DEDUCTION** (\*Last 4-digits of Social Security Number Required)

I authorize RCUH to deduct \$ \_\_\_\_\_ **per pay period** beginning December 16, 2017.

5A. **Total** Payroll Deduction per year (24 per pay periods in a year)

\$ \_\_\_\_\_

**B.  CASH OR  CHECK** (Payable to the specific united way selected above in Section 4)

5B. **Total** Cash or Check Amount

\$ \_\_\_\_\_

**C.  VISA  MASTERCARD  AMERICAN EXPRESS** (Minimum \$25.00 charge)

I authorize a **one time** charge to my credit card # \_\_\_\_\_  
card expiration date \_\_\_\_\_ / \_\_\_\_\_ (month) / \_\_\_\_\_ (year) (Charge is processed upon receipt of this form)

5C. **Total** VISA, M/C or AMEX Amount

\$ \_\_\_\_\_

**D.  AUTOMATIC TRANSFER** (attach a voided check)

I authorize my financial institution to transfer (monthly) from my **checking** account \_\_\_\_\_, to the United Way Organization I selected above in Section 4. Beginning \_\_\_\_\_ 15, 2018 or on the next business day. (month)

5D. **Total** Automatic Transfer Amount

\$ \_\_\_\_\_

**E.  BILL ME \$ \_\_\_\_\_  Monthly Beginning \_\_\_\_\_ / \_\_\_\_\_  Quarterly Beginning \_\_\_\_\_ / \_\_\_\_\_**  
 **One time** \_\_\_\_\_ / \_\_\_\_\_ (date) (date) (date)

5E. **Total** Billing Amount per year

\$ \_\_\_\_\_

**6. CALCULATE:** Total Sum of your Donation(s) in SECTION 5. (5A + 5B + 5C + 5D + 5E)

**MY TOTAL PLEDGE:**

\$ \_\_\_\_\_

**7. YOUR SIGNATURE & ADDRESS**

By signing this form, I understand that this is a voluntary pledge and my contributions will be distributed to the United Way agency as indicated above in Section 4. My deduction period is from December 16, 2017 to December 15, 2018. No goods or services of more than nominal value have been given in return for this contribution.

**SIGNATURE:** \_\_\_\_\_ **DAYTIME PHONE:** (\_\_\_\_\_) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**8. THIS IS THE OFFICIAL RCUH UNITED WAY PLEDGE FORM. PLEASE MAKE A COPY FOR YOUR FILE AND SEND THE ORIGINAL TO:** RCUH Human Resources • Burns Hall, 4<sup>th</sup> Floor • 1601 East West Road • Honolulu, HI 96848

**MAHALO FOR YOUR SUPPORT!!**

FOR MORE INFORMATION CONTACT:

Aloha United Way (808-536-1951), Maui United Way (808-244-8787), Kauai United Way (808-245-2043), Hawaii Island United Way (808-935-6393), or RCUH Human Resources (808-956-6979)

Input By: \_\_\_\_\_ Edit by: \_\_\_\_\_  
Input Date: \_\_\_\_\_ Edit Date: \_\_\_\_\_