



United Way

2020 RCUH EMPLOYEE PLEDGE FORM

MAHALO for making a difference in our community!

INSTRUCTIONS: Complete # 1 – 8

DEADLINE: December 4, 2020

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 2020 contribution will be distributed in 2021)

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

I authorize RCUH to deduct \$ _____ **per pay period** beginning December 16, 2020.

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 _____ / _____ (Charge is processed upon receipt of this form)
(month) / (year)

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, 2020 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, 2020 to December 15, 2021. 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, 4th Floor • 1601 East West Road • Honolulu, HI 96848

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: _____