

WEST MAUI IMPROVEMENT FOUNDATION

WEST MAUI LIFESAVER CAMPAIGN

PLEDGE INFORMATION



JOSEPH, I WANT TO STAND FOR LIFE!

Here's my gift to help take action to save lives in West Maui.:

\$50 \$100 \$1,000 \$_____ Other

Please make this gift a monthly gift \$ ____/MONTH FOR ____ MONTHS

WEST MAUI LIFESAVER INFORMATION

Please fill out **ALL the information below.**

Donor Name: _____ Email: _____

Address: _____ Phone: _____

City, ST Zip: _____ Country: _____

Contact me about leaving a legacy through Estate Planning, Non-Cash Gifts, Planned Giving & Tax Savings.

FINANCIAL INFORMATION

Cash Enclosed Check Enclosed (*Make checks payable to "WMIF"*)

Donated online at <http://www.westmauiimprovementfoundation.org/westmauilifesaver.html>

Giving by Credit Card: Visa MC AmEx Discover

Card Number: _____

Exp. Date: _____ CSV/CID/CVV: _____ Phone: _____

Print Full Name on Card: _____

By signing you agree to the Terms and Conditions as applicable to your gift.

Signature: _____

Giving by EFT (Electronic Funds Transfer): Checking Savings

Routing Number: _____ Account Number: _____

Print Full Name on Account: _____

By signing you agree to the Terms and Conditions as applicable to your gift.

Signature: _____

AUTO GIVING

I would like WMIF to deduct monthly from my bank account or debit/credit card.

5th of the month 20th of the month

I authorize my credit/debit card or financial institution to change my account each month for \$_____ in accordance with the terms and conditions of this agreement.

Signature: _____

Terms and Conditions I hereby request and authorize my bank or credit card company, as provided by me, to pay and charge to my account transfers made by and payable to the order of West Maui Improvement Foundation (WMIF), provided there are sufficient funds in my account to pay the same upon presentation. I agree that WMIF's right to such payment shall be the same as if it were a check drawn on or a charge to my credit card and signed personally by me. They will be fully protected in honoring any such payment. This authorization will remain in effect until I notify WMIF or my financial institution in writing that I wish to end this agreement, and WMIF or my bank has had 5 days after receiving written notice to act on it; or until WMIF or my bank account has sent me 5 days written notice that will end this agreement. A record of my donation will be included in my bank statement or credit card statement. Also, a record will be issued by WMIF.

SHARE YOUR STORY

Please tell us your personal story about emergency medical care on Maui. You can write it below and mail, or E-mail to our office.

Donor Name: _____ Email: _____
Address: _____ Phone: _____
City, ST Zip _____ Country _____

Please keep my name anonymous in publications

CONTACT WMIF

To update your information or to make changes, please contact us at:

WMIF Inc.

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Visit www.WestMauiImprovementFoundation.org

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