**WEST MAUI IMPROVEMENT FOUNDATION**

**WEST MAUI LIFESAVER CAMPAIGN**

**Public Charity 501 C3, IRS EIN #: 99-0275775**

PLEDGE INFORMATION

**A close up of a logo

Description automatically generated\_\_\_\_\_ 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

This will be a recurring donation as noted in information below

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

**One Time Donations**

Cash Enclosed

Check Enclosed (*Make checks payable to* “***WMIF***”)

Donate Online <http://www.westmauiimprovementfoundation.org/westmauilifesaver.html>

Donation by Credit Card:⭘ Visa ⭘ MC ⭘ AmEx ⭘ Discover

Card Number: ­ Exp. Date: \_\_\_\_\_\_\_\_ CSV/CID/CVV: \_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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:

**Recurring Monthly Donation**

Monthly Donation by check payable to “WMIF” in the amount $\_\_\_\_\_\_\_\_\_\_\_ on the 1st / 5th / 20th (please circle one)

Monthly Donation via credit card set up at <http://www.westmauiimprovementfoundation.org/westmauilifesaver.html>

Monthly Donation via credit card, ⭘ Visa ⭘ MC ⭘ AmEx ⭘ Discover, processed on 1st / 5th / 20th (please circle one)

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:

**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.

WMIF Inc., PO Box 10338, Lahaina, HI 96761 \* Visit [www.WestMauiImprovementFoundation.org](http://www.WestMauiImprovementFoundation.org) \* Phone: 808-661-7990

General Email: [wmifinc@gmail.com](mailto:wmifinc@gmail.com) / President Joseph Pluta: [pluta@maui.net](mailto:pluta@maui.net) (please add as cc on all emails)

**WEST MAUI IMPROVEMENT FOUNDATION**

**WEST MAUI LIFESAVER CAMPAIGN**

SHARE YOUR STORY

A picture containing arrow

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Please write us a letter for either:

1. support for a West Maui Cancer Center.
2. personal story about emergency medical care on Maui

Donor Name: Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, ST Zip: Country:

Please keep my name anonymous in publications

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CONTACT WMIF

**A close up of a logo

Description automatically generated**To update your information or to make changes, please contact us at:

WMIF Inc.

PO Box 10338

Lahaina, HI 96761

Visit [www.WestMauiImprovementFoundation.org](http://www.WestMauiImprovementFoundation.org)

General Email: [wmifinc@gmail.com](mailto:wmifinc@gmail.com)

President Joseph Pluta: [pluta@maui.net](mailto:pluta@maui.net) (please add as cc on all emails)

Phone: 808-661-7990