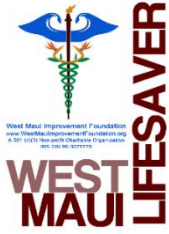


WEST MAUI IMPROVEMENT FOUNDATION

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

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: _____ 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 * Phone: 808-661-7990

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

WEST MAUI IMPROVEMENT FOUNDATION
WEST MAUI LIFESAVER CAMPAIGN

SHARE YOUR STORY



Please write us a letter of support for a West Maui Cancer Center.

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.
PO Box 10338
Lahaina, HI 96761
Visit www.WestMauiImprovementFoundation.org
General Email: wmifinc@gmail.com
President Joseph Pluta: pluta@maui.net (please add as cc on all emails)
Phone: 808-661-7990

