



400 Mahalani Street • Wailuku, HI 96793 • (808) 244-5555 • hospicemaui.org

## **E-GIVING FORM**

You can share in our dedication to making a difference in the lives of people coping with terminal illnesses, and their families. When you participate, your donation will be transferred conveniently each month from your checking account or credit card directly to Hospice Maui.

Your donation will go even further because our paperwork will be reduced; our income will be more predictable, putting your donation to work immediately to help the people who are served by our mission.

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

I'd like to make a \_\_\_\_\_ Donation \_\_\_\_\_ Memorial Gift \_\_\_\_\_ Honor Gift

In Memory/Honor of: \_\_\_\_\_

As a \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Annual \_\_\_\_\_ One-time donation of \$\_\_\_\_\_.

Please process my donation on the \_\_\_\_\_1<sup>st</sup> of the month **OR** \_\_\_\_\_15<sup>th</sup> of the month.

Please apply my donation to:

\_\_\_\_\_ General Fund \_\_\_\_\_ Patient Special Needs Fund (Please specify in comments) \_\_\_\_\_ Funding the Vision – 5 Bed Facility

Comments: \_\_\_\_\_

Please charge my donation to \_\_\_\_\_ Checking Account OR \_\_\_\_\_ Credit Card



Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_

**Enclosed is a voided check OR credit card information for my donation.** Please transfer my donation from my checking/credit card account. I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift any time through the online donation form at hospicemaui.org or by contacting Hospice Maui by phone or mail. All donations provided to Hospice Maui originating as ACH transactions comply with U.S. Law.

\* Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

*Please make a copy of this form for your records, or you may request a copy from:*

Hospice Maui  
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