



HOSPICE MAUI

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 _____1st of the month **OR** _____15th of the month.

Please apply my donation to:

_____General Fund _____Hospice Maui Kokua Fund _____Other (please use comments box)

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:

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