



Step 1. Enclosed is my gift to Pali Momi Medical Center.

(Please make your check payable to Kapi'olani Health Foundation)

- \$50 \$100 \$250 \$500 \$750
 \$1,000 \$2,500 Other: \$_____

Salutation (Mr./Miss/Ms./Mrs./Dr.) First Name (please print) Last Name

Address City & State Zip

Phone E-Mail

I am making my gift by:

- ____ Check ____ MasterCard ____ Discover
____ Visa ____ American Express ____ Securities (please call 808-535-7134)

Account Number: _____ Expiration Date: _____

Authorized Signature: _____ Security Code: _____

Print Name on Card: _____

My gift will be matched by my employer: _____
(please enclose matching gift form)

Step 2. Designate Your Gift.

If you wish to designate your gift to other than Pali Momi's most urgent needs, please indicate the fund:

- ____ Cancer Fund ____ 'Ohana (Family) Fund
____ Cardiac Fund ____ Retina Center Research Fund
____ Emergency Room Fund ____ Women's Center Fund

Or, please restrict my gift to this Fund: _____

My gift is in memory of: _____ My gift is in tribute to: _____

Please notify:

Individual's Name Address City & State Zip

My gift is anonymous

Step 3. I Would Like to Receive More Information About:

- ____ A Guided Tour of Pali Momi ____ Monthly Giving to Pali Momi
____ Bequests and Other Planned Gifts ____ Corporate Gifts or Sponsorships

Step 4. How Did You Hear About Giving to Pali Momi?

- Email Family/Relative
 Newsletter Letter/Correspondence
 TV/Newspaper Radio/Radiothon
 Friend/Colleague Other: _____

Step 5. Send in Your Gift.

Please enclose your check to **Kapi'olani Health Foundation** with this form and mail it to
Kapi'olani Health Foundation, 55 Merchant St., Ste. 2600, Honolulu, HI 96813

* For questions, please call 808-535-7100 or e-mail foundations@hawaiipacifichealth.org