



PAUHI FOUNDATION

Yes, I will give a gift to the Hawaiian community through the Pauahi Foundation.

KS Employee Number	First Name	Middle Name	Last Name	
Mailing Address		City	State	Zip
Email Address		Business Phone	Home Phone	
Division/Department		Birth Date	Gender	

Signature Authorizing Gift (REQUIRED)

My gift is for:

- Unrestricted Scholarship Fund (please specify):

My gift will be made via:

Easy Payroll Deduction:
 I authorize Kamehameha Schools and Pauahi Foundation to deduct the following amount each pay period from my paycheck(s) beginning (month) _____ (year) _____:
 \$2.00 \$5.00 \$10.00 \$25.00 \$50.00 \$100.00 Other: \$ _____
 Please continue to deduct this amount until I choose to cancel. Please deduct this amount until my total gift of \$ _____ is reached.

Recurring Monthly Electronic Fund Transfer:
I authorize Pauahi Foundation to debit \$ _____ per month, beginning on the 15th of (month) _____ (year) _____ from my:
 Checking account Savings account

Bank Name _____ Routing Number _____ Account Number _____
 Please continue to debit this amount until I choose to cancel. Please debit this amount until my total gift of \$ _____ is reached.

Credit Card:
I authorize Pauahi Foundation to charge my VISA/ MasterCard/ American Express credit card \$ _____:
 One-time (processed upon receipt of form) Recurring monthly beginning on the 15th of (month) _____ (year) _____.
 Please continue to charge my card this amount until I choose to cancel.
 Please charge my card until my total gift of \$ _____ is reached.

Card Number _____ Exp. Date _____

Enclosed is my check contribution for \$ _____ made payable to Pauahi Foundation (processed upon receipt of form).

Enclosed is my cash contribution for \$ _____.

FOR FOUNDATION USE ONLY

APPROVAL	DATE	DATE FORWARDED TO PAYROLL
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PLEASE RETURN COMPLETED FORM AND CONTRIBUTION TO:

Pauahi Foundation
567 South King, Suite 160
Honolulu, Hawai'i 96813-3036
Phone (808) 534-3966 Fax: (808) 534-3890