





Pauahi 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

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