



Step 1. Enclosed is My Gift for Kapi'olani Medical Center for Women & Children.
(Please make your check payable to Kapi'olani Health Foundation)

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

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 Kapi'olani's most urgent needs, please indicate the fund:

- ____ Pediatric Programs ____ Women's Programs
____ Kapi'olani Children's Miracle Network ____ Women's Cancer Programs
____ Pediatric Cancer Programs ____ Sascha Julia Franzel Life Fund

Or, please restrict my gift to this Fund: _____

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

Please notify:

Recipient's Name _____ Address _____ City & State _____ Zip _____

☐ My gift is anonymous

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

- ____ A Guided Tour of Kapi'olani Medical Center ____ Monthly Giving to Kapi'olani Medical Center
____ Bequests and Other Planned Gifts ____ Corporate Gifts or Sponsorships

Step 4. How Did You Hear About Giving to Kapi'olani?

- ☐ 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