



# WILCOX HEALTH FOUNDATION

An Affiliate of Hawai'i Pacific Health

## Step 1. Enclosed is my gift to Wilcox Health. (Please make your check payable to the Wilcox 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 Wilcox's most urgent needs, please indicate the fund:

☐ Cancer Fund      ☐ Women's Fund  
☐ Heart Fund      ☐ Ohana Fund  
☐ Bone & Joint Fund

Or, please restrict my gift to this Fund: \_\_\_\_\_

☐ My gift is in memory of: \_\_\_\_\_ ☐ My gift is in honor of: \_\_\_\_\_

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 Wilcox      ☐ Monthly Giving to Wilcox  
☐ Bequests and Other Planned Gifts      ☐ Corporate Gifts or Sponsorships

## Step 4. How Did You Hear About Giving to Wilcox?

☐ Email      ☐ Family/Relative  
☐ Newsletter      ☐ Letter/Correspondence  
☐ TV/Newspaper/Radio      ☐ Doctor/Nurse/Caregiver  
☐ Friend/Colleague      ☐ Other:

## Step 5. Send in Your Gift.

Please enclose your check made payable to Wilcox Health Foundation with this form and mail it to Wilcox Health Foundation, 3-3420 Kuhio Highway, Lihue, Kaua'i, Hawai'i 96766.

\* For questions, please call 808-248-1198 or e-mail [foundations@hawaiipacifichealth.org](mailto:foundations@hawaiipacifichealth.org)