



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

\$1,000

\$100

\$2,500

\$250

Other: \$ _____

\$500

\$750

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

Visa

MasterCard

American Express

Discover

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

Heart Fund

Bone & Joint Fund

Women's Fund

Ohana 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

Bequests and Other Planned Gifts

Monthly Giving to Wilcox

Corporate Gifts or Sponsorships

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

Email

Newsletter

TV/Newspaper/Radio

Friend/Colleague

Family/Relative

Letter/Correspondence

Doctor/Nurse/Caregiver

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:foundation@hawaiipacifichealth.org)