

# STRAUB FOUNDATION

An Affiliate of Hawai'i Pacific Health

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

☐ Cancer Center Fund      ☐ Burn Unit Fund  
☐ Heart Center Fund      ☐ Summer Student Research Program Fund  
☐ Bone & Joint Center Fund      ☐ Healing Garden 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 Straub      ☐ Monthly Giving to Straub  
☐ Bequests and Other Planned Gifts      ☐ Corporate Gifts or Sponsorships

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

☐ 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 **Straub Foundation** with this form and mail it to Straub Foundation, 55 Merchant St., Ste. 2600, Honolulu, HI 96813

\* For questions, please call 808-535-7100 or e-mail [foundations@hawaiipacifichealth.org](mailto:foundations@hawaiipacifichealth.org)