

**Step 1. Enclosed is my gift to Pali Momi Medical Center.**

*(Please make your check payable to Pali Momi 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 Pali Momi's most urgent needs, please indicate the fund:

- Cancer Fund       Patient Safety Fund  
 Cardiac Fund       Retina Center Research Fund  
 Emergency Room Fund       Volunteer Services Fund  
 'Ohana (Family) Fund       Women's Center Fund

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

My gift is in memory of: \_\_\_\_\_  My gift is in tribute to: \_\_\_\_\_

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 Pali Momi       Monthly Giving to Pali Momi  
 Bequests and Other Planned Gifts       Corporate Gifts or Sponsorships

**Step 4. How Did You Hear About Giving to Pali Momi?**

- Email       Letter/Correspondence       Radio  
 Friend/Colleague       Newsletter       TV/Newspaper  
 Family/Relative       Personal Experience       Other: \_\_\_\_\_

**Step 5. Send in Your Gift.**

Please enclose your check to **Pali Momi Foundation** with this form and mail it to Pali Momi Foundation, 55 Merchant St., Ste. 2600, Honolulu, HI 96813

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