



CATHOLIC CHARITIES HAWAII

**Thank you for your donation to Catholic Charities Hawai'i!**

Your gift will help families and individuals of all ages and stages achieve stable and sustainable lives. Catholic Charities Hawai'i helps people in need to help themselves, regardless of their faith or culture.

**Please print, complete, and mail this form with your payment to:**

Catholic Charities Hawai'i Development Department  
1822 Keeaumoku Street  
Honolulu, HI 96822

**Required Information**

Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**My gift amount is: \$** \_\_\_\_\_

Please select one:

<input type="checkbox"/> Visionary (\$10,000 and above)	<input type="checkbox"/> Advocate (\$500 - \$999)
<input type="checkbox"/> Benefactor (\$5,000 - \$9,999)	<input type="checkbox"/> 'Ohana Circle (\$100 - \$499)
<input type="checkbox"/> 'Ulu Circle (\$2,500 - \$4,999)	<input type="checkbox"/> Contributor (up to \$99)
<input type="checkbox"/> Hope Circle (\$1,000 - \$2,499)	

My check, payable to **Catholic Charities Hawai'i**, is enclosed.

Please charge my:    Visa        MasterCard (circle one)

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Print Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Notes: \_\_\_\_\_

**Optional**

**Matching Gift\***

My company, \_\_\_\_\_ will make a Matching Gift.

**Memorial/Tribute Gift**

In Memory or In Honor of (circle one)

Honoree's Name: \_\_\_\_\_

Please send notification of this tribute to:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_