



Monthly Giving Form

Thank you for joining Hospice Hawaii's Monthly Giving Program. Please complete this form to enroll in giving to Hospice Hawaii through an automated method and return this form to Hospice Hawaii, 860 Iwilei Road, Honolulu, HI 96817. You'll receive a summary of your annual giving after the year ends.

Yes, I want to support Hospice Hawaii through monthly giving.

Name

Address

City State Zip

Preferred Phone #

Email Address

Age

Please accept my gift of \$_____ per month to begin in (month) _____ using:

Automatic Credit Card Debit VISA MasterCard American Express

Hospice Hawaii will automatically process your pre-authorized credit card gift each month just like any other credit card transaction you might make. The charge for your gift will occur on the _____th of each month and will appear on your monthly credit card statement.

I authorize Hospice Hawaii to charge my account as indicated above. My enrollment will remain in effect until I notify Hospice Hawaii that I wish to end this agreement, which I may do at any time. I will also notify Hospice Hawaii of any changes to my account information.

Name on Credit Card

Credit Card Number Exp. Date

Signature