

I would like to partner in ministry with



Please complete and return to Hawaiian Islands Ministries. We are grateful for you.

My Partnership Support

- Monthly partner with a gift of (circle) \$10 \$25 \$50 \$100 \$200 [] Other \$ _____
- Charitable gift to HIM of (circle) \$25 \$100 \$250 \$500 \$1000 [] Other \$ _____

A Future and a Hope Endowment Gift

- Endowment monthly partner with a gift of (circle) \$10 \$25 \$50 \$100 \$200 [] Other \$ _____
- Endowment gift to HIM of (circle) \$50 \$100 \$250 \$500 \$1000 [] Other \$ _____

Method

- [] Check enclosed to HIM [] Credit card [] EFT bank debit (authorized below) [] Other, e.g. donated stock

Credit Card Users: Check here to charge gift monthly on the [] 1st [] 15th of every month

Please charge my [] VISA [] Mastercard

Card No. _____ Exp (M/Y) _____ Sec. Code _____

Cardholder Name _____

Cardholder Signature _____ Date _____

EFT (Electronic Funds Transfer) Authorization*

I authorize Hawaiian Islands Ministries (HIM) to debit my bank account in the amount of \$ _____ on the 15th of each month. This recurring debit will remain in effect until I give HIM written notification of change or termination within 15 days of the next recurring debit. My attached voided check provides the necessary information for HIM and its banking institution to process this request.

Name on Bank Account _____

Authorized Signature _____ Date _____

(Optional for Joint Account) Authorized Signature _____ Date _____

***Please attach a voided check so we can process your request appropriately.**

Donor Information

Name (s) _____

Address (Street/City/State/Zip) _____

Tel (with area code) _____ E-Mail Address _____

Mail to HIM's gift processing center:

Hawaiian Islands Ministries, Mail Code 60264, P.O. Box 1300 Honolulu, HI 96807

Allow 2-3 weeks for gift confirmation and receipt. Thank you and God bless!