



# Caring for Hawaii Neonates

An Association of Council of International Neonatal Nurses

## Pledge Form

Contributions to Caring for Hawai'i Neonates are deemed charitable under section 501(a) of the internal revenue code as an organization described in Section 501(c)(3). Please consult your accountant for any clarifications. Payments must be received before the end of the year to be eligible for a tax deduction in that year. There is no minimum contribution amount. Checks must be made payable to Caring for Hawai'i Neonates. Checks made payable to other payees or multiple payees will be returned.

<b>I. Contributor Information (Your personal Information is kept confidential)</b>					
If private donor, please list full name:					
If a corporate donor, please list organization/corporate name:					
Street Address:					
City:		State:		Zip Code:	
Mailing Address (if different from street address):					
City		State		Zip Code:	
Phone Number:					
E-mail Address:					
<b>II. Pledge Information</b>					
<input type="checkbox"/> I (we) would like to join the Pāwalu Circle by committing \$_____ to be paid annually for 3-5 years, amounting to a Total of \$_____.					
<input type="checkbox"/> I (we) would like to commit a recurring donation, as follows: A sum of \$_____ once every <input type="checkbox"/> month <input type="checkbox"/> quarter <input type="checkbox"/> year, amounting to a Total of \$_____					
<input type="checkbox"/> I (we) would like to commit a one-time donation, in the amount of:					

\$5,000  \$2,500  \$1,000  \$500  \$100  \$50  \$25  Other: \$ \_\_\_\_\_

I (we) plan to make this contribution in the form of  cash  check  credit card

If you would like to make a credit card donation, please use the following link:  
<https://malamaonakeiki.org/donation/> and click on the Paypal button.

For credit card donations over \$5,000, please contact [programs@caringforhawaiineonates.org](mailto:programs@caringforhawaiineonates.org).

Date Contribution Begins: \_\_\_\_\_

This gift will be matched by a  company  family member  foundation;  
Their  form is enclosed  form will be forwarded

### III. Acknowledgement Information

I (we) give permission to have my name/our organization's name published on  
[www.caringforhawaiineonates.org](http://www.caringforhawaiineonates.org) and added to any marketing material as a partnership donor.

I (we) wish to keep my donation anonymous

I (we) will send a logo/graphics for use in marketing material or on the website

Please use the following name(s) in all acknowledgements:

Signature(s)

Date

*Please make checks, corporate matches,  
or other gifts payable to:*

*Caring for Hawai'i Neonates  
P.O. Box 37182  
Honolulu, HI 96837*

**For questions, please contact Camille Cabalo at [programs@caringforhawaiineonates.org](mailto:programs@caringforhawaiineonates.org).**