

## EMPLOYEE ANNUAL GIVING

Name: \_\_\_\_\_ CID #: \_\_\_\_\_

Department: \_\_\_\_\_ Phone #: \_\_\_\_\_

### GIVING OPPORTUNITIES, COUNT ON MY SUPPORT FOR THE CUH COMMUNITY!

- Student Scholarship Fund (Fund for Chaminade)       Emergency Student Fund
- I am a NEW supporter!       I am a CURRENT supporter and wish to change my level of giving!
- I give permission to be listed as a supporter, please list my name as: \_\_\_\_\_

**OPTION 1:** Payroll deduction gift. I will contribute \$ \_\_\_\_\_ each pay period.

*Deduction will begin \_\_\_\_\_ and end \_\_\_\_\_. Please write **ONGOING** if you wish to continue support until further notice.*

**OPTION 2:** Please charge a gift of \$ \_\_\_\_\_  One-Time  Monthly  Quarterly  Semi-Annually

- Check payable to Chaminade University of Honolulu  
 Cash  
 Credit Card (complete info below)

Credit Card No: \_\_\_\_\_ Expiration: \_\_\_\_\_ / \_\_\_\_\_

Name (as it appears on credit card): \_\_\_\_\_ Security Code: \_\_\_\_\_

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

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

**SIGNATURE** (required for all gifts): \_\_\_\_\_ Date: \_\_\_\_\_

### MAHALO FOR YOUR SUPPORT!

Your gift to Chaminade is tax deductible as provided by law.

Please return this form to:

The Office of Advancement  
**ATTN: Gerry Allen – Director of Alumni Engagement and Annual Giving**

Give online: [www.chaminade.edu/gifts](http://www.chaminade.edu/gifts)

