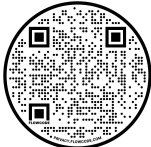


## LEVELS OF GIVING

- |  |  |
|--|--|
| <input type="checkbox"/> \$1,000                   | <input type="checkbox"/> \$110         |
| <input type="checkbox"/> \$500 (Set of Patches)    | <input type="checkbox"/> \$50          |
| <input type="checkbox"/> \$365 (Shoulder Patch #2) | <input type="checkbox"/> \$25          |
| <input type="checkbox"/> \$250 (Shoulder Patch #1) | <input type="checkbox"/> Other \$_____ |

## PAYMENT METHOD

- |   |                               |                                 |                                 |
|---|-------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Credit Card                                    | <input type="checkbox"/> Cash | <input type="checkbox"/> Check* | <input type="checkbox"/> Pledge |
| <input type="checkbox"/> I plan to give through CFC #12077              |                               |                                 |                                 |
| <input type="checkbox"/> I plan to give through Aloha United Way #96100 |                               |                                 |                                 |
| <input type="checkbox"/> I gave online                                  |                               |                                 |                                 |



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\*Please make checks payable to: Aloha Council

## CREDIT CARD INFO

- CC# \_\_\_\_\_ Exp: \_\_\_\_\_
- Card Type:  Visa  M/C  Amex  Discover
- Charge or Bill Me: \_\_\_\_\_ Billing Start Date: \_\_\_\_\_
- One Time  Semi Annual  Quarterly  Monthly

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