

WEST MAUI IMPROVEMENT FOUNDATION

*Mahalo for your support
for a safer community!*



2009 DONATION & PLEDGE CARD PO Box 10338 • Lahaina, Hawaii 96761 • (808) 661-7990 • www.westmauihospital.org

1 MY INFORMATION ~ All information must be complete. (Please type or print clearly.)

Mr Mrs. Ms Dr Other Suffix (Jr., M.D., Sr., Other) _____

NAME: _____ COMPANY: _____

Home Address: _____ City/State: _____ Zip: _____

Billing Address: (If different from above) _____

Business Phone: _____ Home Phone: _____

Business E-mail: _____ Home E-mail: _____

Please check here if you don't want to be contacted via email.

OUR PRIVACY PLEDGE TO YOU: West Maui Improvement Foundation respects the privacy of its contributors and does not rent, trade or sell its contact information. Information is used only to properly credit your contribution and to communicate about West Maui Improvement Foundation and related programs.

2 MY TOTAL PLEDGE AND HOW I CHOOSE TO PAY ~

Pledge, Credit Card: I authorize West Maui Improvement Foundation to charge my credit card:

\$ _____ per month quarter year beginning _____, 2009
month / day

For a total pledge of \$ _____

Visa Mastercard AMEX Discover

Card # _____ Exp. Date _____
Month/Year

**MY TOTAL
CREDIT CARD
PLEDGE**
\$

Pledge, Bill Me: \$ _____ (Minimum total pledge of \$100.00 to offset billing costs)

\$ _____ per month quarter year, beginning _____, 2009

**MY TOTAL PLEDGE
TO BE BILLED**
\$

Credit Card: \$ _____ I authorize a one-time charge of \$ _____ to be processed upon receipt of this pledge.

Visa Mastercard AMEX Discover

Card # _____ Exp. Date _____
Month/Year

Check: \$ _____ (Make Checks payable to **West Maui Improvement Foundation**)

Cash: \$ _____

3 My pledge and/or donation may be stated publicly and posted on the WMIF website at www.westmauihospital.org.

Yes

No (Please check 'no' if you wish to have pledge/donation anonymous)

4 SIGN HERE



SIGNATURE REQUIRED

(No goods or services given in return for this contribution.)

Original Signature Required.
NO PHOTOCOPIES OF SIGNATURES ACCEPTED.
Contact WMIF at 808-661-7990 for additional forms or visit our website at www.WestMauiHospital.org



MAKE A DIFFERENCE.

Together with you, building a safer and healthier community for West Maui. When you give to West Maui Improvement Foundation, it's investing in what you care about most— the lives of our families, our neighborhoods, our keiki.

“A NOTE FROM THE PRESIDENT”

Only the possible is ahead of us!

Thanks to folks like you, we are the only community in the State of Hawaii to have paid for a fire station - the Napili Fire and Ambulance Station. The government had no plans to do so. That was the first step to make a safer community. However the importance of getting access to an acute emergency medical service center 24 hours a day, 7 days a week within the crucial golden hour still remained a bigger goal.

WMIF started our hospital effort in 2000. WMIF is the bridge between the community interests and the development interests. WMIF needs your added financial support to continue our community efforts. The WMIF role in this process is critical until the doors to the West Maui facility are opened. There are no plans for the State to bring life saving access via a 24/7 emergency room. We are continuing our mission to make what was considered impossible, to be a reality!

Time is of the essence to get the West Maui Hospital forward through the remaining processes necessary to open the doors for access to life saving services within the golden hour. The issuance of the certificate of need sets forth the case! See www.westmauihospital.org.

Navigating through the County of Maui Subdivision process is underway and we hope to have consideration for expediting the reviews by the agencies involved. Its' amazing how much time it takes for an agency review when it comes to matters of health and safety. There seems to be an urgent need for prioritization when matters in the public need in health and safety are concerned. Our isolation on the West side makes our case all the more urgent, yet not qualified for any expeditiousness in reviews and that's an area where we are looking to the County Administration and State Administration for help.

The world has changed with respect to so many things. Our financial economy and Health Care is a nationwide topic. Non-profit organizations such as WMIF and YOU as volunteers, public servants and donors, build the bridge to make things happen! We are your West Side Community advocate and exist solely to serve our community based on voluntary donations. We do not receive any public subsidies or government grants. What we can do is based on the resources you provide to us in financial donations. The IRS has deemed WMIF with the designation as a "public charity non profit 501-C-3 170(b)(1)(A)(vi) " accordingly.

Saving lives on the West side may depend on when this facility opens its doors. Time is of the essence! THANKS AGAIN FOR ALL THAT YOU DO TO HELP!

Warm Regards and Aloha,

Joseph D. Pluta

PLEDGE GIVING GUIDE

Pledges is a convenient way to give. Giving is a personal decision and is voluntary. The following may be used as a guideline. Whatever amount you choose to give – Thank You.

Dollars per month	12 Payments	24 Payments	26 Payments
\$5	\$60	\$120	\$130
\$10	\$120	\$240	\$260
\$20	\$240	\$480	\$520
\$50	\$600	\$1,200	\$1,300
\$100	\$1,200	\$2,400	\$2,600
\$250	\$3,000	\$6,000	\$6,500
\$500	\$6,000	\$12,000	\$13,000

Please check the box (or boxes) below if you are interested in getting involved with or receiving information about:

- Lifetime Giving :** Inspiring a tradition of giving, include the West Maui Improvement Foundation in your will or estate planning so that your gift may multiply beyond your lifetime.
- Sponsorship Opportunities:** For on-going efforts to raise awareness of our mission.
- Volunteer Opportunities:** Whether it is a commitment to serve on the Board of Directors, or to help out at special events, or even in the daily administrative tasks, time is valuable!