

STRAUB FOUNDATION

An Affiliate of Hawai'i Pacific Health

Step 1. Enclosed is my gift to Straub Clinic & Hospital.

\$50 \$100 \$250 \$500 \$750
 \$1,000 \$2,500 Other: \$ _____

Salutation (Mr./Miss/Ms./Mrs./Dr.) First Name (please print) Last Name

Address City & State Zip

Phone E-Mail

I am making my gift by:

Check MasterCard Discover
 Visa American Express Securities (please call 808-535-7134)

Account Number: _____ Expiration Date: _____

Authorized Signature: _____ Security Code: _____

Print Name on Card: _____

My gift will be matched by my employer: _____
(please enclose matching gift form)

Step 2. Designate Your Gift.

If you wish to designate your gift to other than Straub's most urgent needs, please indicate the fund:

Cancer Center Fund 'Ohana (Family) Fund
 Heart Center Fund Summer Student Research Program Fund
 Bone & Joint Fund Healing Garden Fund

Or, please restrict my gift to this Fund: _____

My gift is in memory of: _____ My gift is in honor of: _____

Please notify:

Individual's Name Address City & State Zip

My gift is anonymous

Step 3. I Would Like to Receive More Information About:

A Guided Tour of Straub Monthly Giving to Straub
 Bequests and Other Planned Gifts Corporate Gifts or Sponsorships

Step 4. How Did You Hear About Giving to Straub?

Email Family/Relative
 Newsletter Letter/Correspondence
 TV/Newspaper/Radio Doctor/Nurse/Caregiver
 Friend/Colleague Other: _____

Step 5. Send in Your Gift.

Please mail to Straub Foundation, 55 Merchant St., Ste 2600, Honolulu, HI 96813

* For questions, please call 808-535-7100 or e-mail foundations@hawaiipacifichealth.org