



**Step 1: Enclosed is my gift to Adventist Health Castle.**

- \$5,000       \$1,000       \$250       \$50  
 \$2,500       \$500       \$100       Other: \_\_\_\_\_

\_\_\_\_\_  
*Prefix (Mr./Ms./Mrs./Dr./Other)*      *First Name (please print)*      *M.I.*      *Last Name*

\_\_\_\_\_  
*Street Address*      *City and State*      *Zip*

\_\_\_\_\_  
*Phone*      *E-Mail Address*

- I am making my gift by:     Check     Mastercard     Discover  
                                          Visa     American Express     Securities (*please call (808) 263-5162*)

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

My gift will be matched by my employer: \_\_\_\_\_  
*(Please enclose matching gift form.)*

**Step 2: Designate your gift.**

- Emergency Room expansion     Vera Zilber Birth Center     AH Castle unrestricted funds  
 Chemotherapy Center     Surgical Weight Loss Institute     Other: \_\_\_\_\_  
 My gift is anonymous  
 My gift is in memory of: \_\_\_\_\_     My gift is in tribute to: \_\_\_\_\_

Please notify: \_\_\_\_\_  
*Recipient's Name*      *Street Address*      *City and State*      *Zip*

**Step 3: I would like to receive more information about:**

- A guided tour of Adventist Health Castle     Monthly giving to Adventist Health Castle  
 Bequests and other planned gifts     Corporate gifts or sponsorships

**Step 4: Please mail to: Development, Adventist Health Castle, 640 'Ulukahiki Street, Kailua, HI 96734**

*For questions, please call (808) 263-5162.*