



## Holy Trinity Church

5919 Kalaniana'ole Highway  
Honolulu, HI 96825

### Holy Trinity Church Giving Form

Please complete all of the data requested on both pages of this form, including credit card information, and drop it off in the collection basket or mail it to our Church Office. May God bless you and your family.

#### Gift Information

I wish to join the:

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Saints of Holy Trinity Church</b><br>(Gifts of \$5,000 or more)          | <input type="checkbox"/> <b>Supporters of Holy Trinity Church</b><br>(Gifts of \$100 to \$999) |
| <input type="checkbox"/> <b>Angels of Holy Trinity Church</b><br>(Gifts of \$3,000 to \$4,999)       | <input type="checkbox"/> <b>Friends of Holy Trinity Church</b><br>(Gifts of \$1 to \$99)       |
| <input type="checkbox"/> <b>Godly Givers of Holy Trinity Church</b><br>(Gifts of \$1,000 to \$2,999) |  |

Designation: Annual Fund | Building & Maintenance | General Fund

Gift Amount : \$

#### Donor Information

First Name / Middle Initial:

Last Name:

Home Address:

City/State/Zip or Postal Code:

Parishioner Number:

#### Contact Information

Please provide us with your home or business email address, so we may contact you if we have questions about your gift.

Home or  Business Email address

If you prefer that we contact you by phone, please provide a phone number.

Home Phone:

Business Phone:

#### Credit Card Transaction Information

Name : (as it appears on credit card)

Credit Card Number:

Card Type / Expiration Date



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#### Other Information

Matching Funds: I (or my spouse) work for a matching gift company.

Yes       No

I will arrange to have my gift matched:  Yes     No

If Yes, Company Name:

Company City/State:

Company Phone Number:

#### Please send me more information about:

Holy Trinity Church

Holy Trinity School