



Credit Card Gift Contribution Form

1. Choose a level of giving

Pledge of \$ _____ payable over (1 / 2 / 3 / 4) years

My first contribution is enclosed.

2. Authorize your contribution

Charge my donation of \$ _____ to (circle one): VISA MasterCard

Account number _____ Exp. Date _____

Signature _____ Phone _____

3. So we may thank you

Name/s _____
(As you would like it/them to appear in NVMC records.)

Address _____

City _____ State _____ Zip _____

email address _____

4. Final details

- Please acknowledge my contribution *In Memory Of* _____
- My employer will match this gift.
- Please send me information about gifts that provide tax advantages and income for life.
- I have designated the Nisei Veterans Memorial Center in my will.

5. Transmit

If you have questions, please call
808.244.NVMC (6862)
M-F, 8:30 AM – 5:00 PM
Hawaii Standard Time

Mail to:
Nisei Veterans Memorial Center
PO Box 216
Kahului, HI 96733-6716

Thank you. Your contribution will help build a lasting tribute to the Nisei Veterans.