



ALOHA DEAR FRIENDS

**YOU ARE INVITED TO JOIN US
IN OUR FIGHT AGAINST
CANCER ON MAUI.**

**THE AMERICAN CANCER SOCIETY SAYS THAT ABOUT
1 IN 3 PEOPLE IN THE U.S. WILL BE DIAGNOSED WITH
CANCER IN THEIR LIFETIME.**

**CHANCES ARE WE'LL ALL BE TOUCHED BY CANCER IN SOME
WAY IN OUR LIFETIME. CANCER HAS HAD A DEVASTATING
IMPACT ON LIVES. MOST OF US KNOW AT LEAST ONE
PERSON WHO'S FIGHTING IT NOW AND PERHAPS IT'S YOU
OR ONE OF YOUR LOVED ONES.**

**YOU CAN BE A PART OF THE SOLUTION!
CAN THEY COUNT ON YOU?**

West Maui Lifesavers Campaign

fight  cancer

We're All In This Together

We have been working with some dedicated physicians to bring a Cancer Treatment Center to West Maui for nearly 4 years. The good news is that the West Maui Cancer Center LLC has just received word from the State Health Planning and Development Agency, SHPDA, that their Certificate of Need application has finally been “deemed complete,” and soon hearings will be held to determine whether or not their application will be approved. The first hearing will be on November 12th at 2 PM HST. Please contact us if you want to testify in person or virtually.

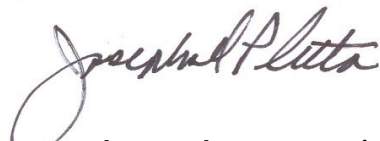
You can help save lives and be a part of the solution! How?

- Through your financial support. Our West Maui Improvement Foundation Inc., WMIF, is a 501-c-3 public charity and donations are 100% tax deductible.
- Please also send us your letter of support for the West Maui Cancer Center LLC and we will forward it to the Director of SHPDA for circulation to the review committee members for their consideration in their deliberations. Our experience is that community support is essential in these reviews. The people who are literally fighting for their lives need help for a stronger today and hope for a brighter tomorrow.

CAN THEY COUNT ON YOU?

WEST MAUI IMPROVEMENT FOUNDATION
WEST MAUI LIFESAVER CAMPAIGN

Warmest Regards,



Joseph D. Pluta, President
West Maui Improvement Foundation



Visit our website www.WestMauiImprovementFoundation.org

Like Us on Facebook for more information.

You may also call 808-661-7990 and ask for Joe!

WEST MAUI IMPROVEMENT FOUNDATION WEST MAUI LIFESAVER CAMPAIGN

PLEASE LET US HEAR FROM YOU!

PLEDGE INFORMATION



JOSEPH, I WANT TO STAND FOR LIFE!

Here's my gift to help take action to save lives in West Maui.:

\$50 \$100 \$1,000 \$_____ Other

This will be a recurring donation as noted in information below

WEST MAUI LIFESAVER INFORMATION

Please fill out **ALL the information below.**

Donor Name: _____ Email: _____

Address: _____ Phone: _____

City, ST Zip: _____ Country: _____

Contact me about leaving a legacy through Estate Planning, Non-Cash Gifts, Planned Giving & Tax Savings.

FINANCIAL INFORMATION

One Time Donations

Cash Enclosed (in person drop offs only please)

Check Enclosed (*Make checks payable to "WMIF"*)

Donate Online https://www.paypal.com/donate/?hosted_button_id=74CJWQBYZ7MRS

Donation by Credit Card: Visa MC AmEx Discover

Card Number: _____

Exp. Date: _____ CSV/CID/CVV: _____ Phone: _____

Print Full Name on Card: _____

By signing you agree to the Terms and Conditions as applicable to your gift. Required for Credit Card and EFT donations.

Signature: _____

Giving by EFT (Electronic Funds Transfer): Checking Savings

Routing Number: _____ Account Number: _____

Print Full Name on Account: _____

Recurring Monthly Donation

Monthly Donation by check payable to "WMIF" in the amount \$ _____ on the 1st / 5th / 20th (please circle one)

Monthly Donation via credit card set up at <http://www.westmauiimprovementfoundation.org/westmauilifesaver.html>

Monthly Donation via credit card, Visa MC AmEx Discover, processed on 1st / 5th / 20th (please circle one)

Card Number: _____

Exp. Date: _____ CSV/CID/CVV: _____ Phone: _____

Print Full Name on Card: _____

By signing you agree to the Terms and Conditions as applicable to your gift.

Signature: _____

Terms and Conditions I hereby request and authorize my bank or credit card company, as provided by me, to pay and charge to my account transfers made by and payable to the order of West Maui Improvement Foundation (WMIF), provided there are sufficient funds in my account to pay the same upon presentation. I agree that WMIF's right to such payment shall be the same as if it were a check drawn on or a charge to my credit card and signed personally by me. They will be fully protected in honoring any such payment. This authorization will remain in effect until I notify WMIF or my financial institution in writing that I wish to end this agreement, and WMIF or my bank has had 5 days after receiving written notice to act on it; or until WMIF or my bank account has sent me 5 days written notice that will end this agreement. A record of my donation will be included in my bank statement or credit card statement. Also, a record will be issued by WMIF. Oct 2021

WMIF Inc., PO Box 10338, Lahaina, HI 96761 * Visit www.WestMauiImprovementFoundation.org * Phone: 808-661-7990

General Email: wmifinc@gmail.com / President Joseph Pluta: pluta@maui.net (please add as cc on all emails)

