



Hawai'i Republican Party

725 Kapiolani Blvd., #C-105 • Honolulu, HI 96813
HawaiiRepublicans.org



FILL IN ALL YELLOW SPACES TO DONATE. PLEASE WRITE LEGIBLY.

DONATION FOR:

State Kaua'i Honolulu Maui West Hawai'i East Hawai'i

1

Name		Today's Date / /	
Address			
City		State	Zip Code
Home Phone	Cell Phone	Email	

2

To DONATE Please complete Sections 1 and 2

<input type="checkbox"/> I would like to DONATE \$ _____		<input type="checkbox"/> One Time	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
EMPLOYER:	OCCUPATION:		<input type="checkbox"/> RETIRED	
Method of Payment:				
<input type="checkbox"/> Check (Payable to Hawai'i Republican Party)		<input type="checkbox"/> CASH	<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard <input type="checkbox"/> American Express
Card #		Expiration Date (MM/YY)	Credit Card CVV	
Signature			Credit Card Zip Code	

3

To JOIN Please complete Sections 1 and 3

I certify that:	YES, I am a Republican, and will support the principles of the Hawai'i Republican Party. YES, I will abide by the Hawai'i Republican Party rules. YES, I am registered to vote in Hawai'i.
Signature	_____

4

To VOLUNTEER Please complete Sections 1 and 4

I would like to volunteer (check all that you are interested in):		
<input type="checkbox"/> Phone Calls to Voters	<input type="checkbox"/> Work at Headquarters	<input type="checkbox"/> Join a Coalition Committee
<input type="checkbox"/> Canvass Door-to-Door	<input type="checkbox"/> Social Media Warrior	<input type="checkbox"/> Join Another Committee
<input type="checkbox"/> Host a Coffee Talk in My Home	<input type="checkbox"/> Voter Registration	<input type="checkbox"/> Become a District/Precinct Leader
<input type="checkbox"/> Fundraise	<input type="checkbox"/> Register New Members	<input type="checkbox"/> Help Wherever Needed
<input type="checkbox"/> Other _____	<input type="checkbox"/> Campaign Team	

Paid for by the Hawai'i Republican Party and not authorized by any candidate or candidate's committee. Contributions are not tax deductible for income tax purposes. Donations from foreign nationals, minors, and federal contractors are prohibited. Contributions must be made from donor's own funds and may not be provided to the donor by another person or entity for the purpose of making this contribution.

For Office Use Only:

<input type="checkbox"/>	GOP Data Center Updated
<input type="checkbox"/>	Email added to MailChimp
<input type="checkbox"/>	County, District, Precinct Chairs notified

Note to Leader: Please scan or send photo of completed form to members@gophawaii.com within 3 days. Mail original form to Hawai'i Republican Party at the above address.

SD# _____ HD# _____ PRECINCT # _____



HAWAII REPUBLICAN PARTY

IN-KIND DONATION FORM



DONATION FOR: (Circle)

State Kauai Honolulu Maui East Hawaii West Hawaii

Donor Information

Name		
Address		
City	State	Zip
Phone	Email	
Campaign spending law requires us to obtain the following information from individual contributors.	Employer	
	Occupation	

I'm Retired

Please be sure to attach receipts and evidence of all in-kind donations.

Value of Donation \$

Description of Donation (if donating a gift certificate, please list certificate number(s))

Signature	Date
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By signing this form, you confirm that the following statements are true and accurate:

1. I am a United States citizen or a permanent resident alien.
2. I am at least eighteen years old.
3. I am not a federal contractor.
4. This contribution is made from my own funds, and funds are not being provided to me by another person or entity for the purpose of making this contribution.