

HAWAIIAN ELECTRIC INDUSTRIES CHARITABLE FOUNDATION EMPLOYEE MATCHING GRANT APPLICATION

FOR NON-PROFIT ORGANIZATIONS and LOWER/SECONDARY EDUCATION

(Use Higher Education form for Colleges and Universities)

Gift Information:			
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Name of Recipient Organization	Amount of Gift	Date of Gift	
City & State of Recipient Organization	Wildelight of the control of Additional ages in a proper plant.		
mployee Information:			
This is the rest of a			
Company	Print or Type Ful	l Name	
Department/Location, Routing Code	Home Addre	SS	
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Employee ID	Phono Number Iduning	Phone Number (during office hours)	
certify that I am a regular, non-probationary, full-tim he requirements of the HEI Charitable Foundation Emp		2 of this form,	
he requirements of the HEI Charitable Foundation Emp	oloyee Matching Grant Program described on page Epiployee Signature	2 of this form, Date	
PART 2 - RECIPIENT SCHOOL/ORGANIZATION: mployee Matching Grant Program (AT29-Z8), P.O. Box 7 confirm that the above described gift was received on nder "Eligibility" on page 2 of this form.* I further contribution and that it will be used to support the organization is a 501(c)(3), att	Please complete Part 2 and mail this form to the 730, Honolulu, HI, 96808-0730. and that the organization below is the 1730 of the	Date HEI Charitable Foundation ax exempt as described return for this charitable of schools) objectives.	
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PART 2 - RECIPIENT SCHOOL/ORGANIZATION: mployee Matching Grant Program (AT29-28), P.O. Box 7 confirm that the above described gift was received on nder "Eligibility" on page 2 of this form.* I further col ontribution and that it will be used to support the orga NOTE: If the recipient organization is a 501(c)(3), att Name Address E-mail Address	Exproyee Signature Please complete Part 2 and mail this form to the 730, Honolulu, HI, 96808-0730. and that the organization below is the anization's charitable (or educational, in the case tach the organization's IRS 501(c)(3) determinate of Recipient Organization City, State, Zip (Date HEI Charitable Foundation ax exempt as described return for this charitable of schools) objectives. Code	
PART 2 - RECIPIENT SCHOOL/ORGANIZATION: Employee Matching Grant Program (AT29-28), P.O. Box 7 confirm that the above described gift was received on under "Eligibility" on page 2 of this form.* I further contribution and that it will be used to support the organization is a 501(c)(3), attemption and the contribution is a 501(c)(3), attemption and the contribution is a 501(c)(3). Name Address E-mail Address	Exproyee Signature Please complete Part 2 and mail this form to the 730, Honolulu, HI, 96808-0730. and that the organization below is the anization's charitable (or educational, in the case tach the organization's IRS 501(c)(3) determinate of Recipient Organization City, State, Zip (Phone Number (during)	Date HEI Charitable Foundation ax exempt as described return for this charitable of schools) objectives. Code	