

Hawaiian Way Fund Employer Participation Agreement

The Hawaiian Way Fund is the donor giving program of the Council for Native Hawaiian Advancement (CNHA), a tax exempt nonprofit corporation. It was created to reach individual and corporate donors interested in supporting a charitable purpose of *enhancing the well-being of Hawaii through community based initiatives founded on Hawaiian culture, knowledge and traditions*. The Hawaiian Way Fund achieves its mission with the help of dedicated Employer Partners enrolled in its *Workplace Giving Program*.

Through the *Workplace Giving Program*, Employer Partners agree **to give their employees a chance to contribute** to the Hawaiian Way Fund through payroll deductions, where small amounts are automatically and conveniently deducted from their paychecks each pay period or once per year. The Hawaiian Way Fund provides all of the necessary materials and information to make each Employer Partner becomes a successful addition to the Hawaiian Way Fund ohana.

Please Type or Print Legibly

AGREED, that _____ hereby enters into an agreement
(Name of Organization)

with the Council for Native Hawaiian Advancement (hereinafter "CNHA") for the general purpose of employee charitable contributions to the Hawaiian Way Fund.

By adopting the undersigned agreement, the above-named organization consents to the following:

- (1) To use best efforts to insure that employees can, at their own election, effect contributions to CNHA's Hawaiian Way Fund by payroll deduction; and
- (2) To remit consolidated employee contributions to CNHA's Hawaiian Way Fund on a regular basis.

Please check one:

- ☐ Our organization will provide matching contributions.
- ☐ Our organization will not provide matching contributions.

The undersigned hereby certifies that he/she is a qualified agent of the above-named employer with full authority to enter into an agreement on behalf of his/her employer, an organization duly formed pursuant to the laws of the State of Hawaii, and that said agreement is now in full force and effect without modification or rescission.

IN WITNESS WHEREOF, I have executed my name as agent binding the above-named Organization this

_____, _____ of _____.
(Month) (Day) (Year)

Name of Organizational Agent

(Please Print Full Name)

Title of Organizational Agent

(Please Print Full Title)

Signature of Organizational Agent