

Po'ailani Inc. Donation Form

Enclosed is my tax-deductible gift to Po'ailani Inc.

Donation Amount: _____

Name: _____

Please print name as you would like it to appear on acknowledgements

Please check here if you wish to remain anonymous _____

Address: _____ **City/State:** _____ **Zip:** _____

Email: _____ **Phone:** _____

Donation type (please check one)

_____ Attached is my check _____ Please charge my: _____ Visa _____ MasterCard

Card Number: _____ **Expires:** _____

Name as it appears on card: _____

Signature: _____

Please fill out this form and mail to:

Po'ailani Inc.
Attn: Cathy Sendrey
970 N. Kalaheo Ave., #A111
Kailua, HI 96734
808-263-3500