



14th Annual Celebration of Life

Donations for Prizes

Mahalo nui loa for your contribution!

Please complete this form to help us properly recognize your donation.

Please submit by **April 6, 2018.**

Business/Donor Name (to be recognized) _____

Contact Person(if different from donor) _____

Mailing Address: _____

City _____

State _____

Zip _____

Phone _____

Fax _____

Email _____

Contribution Description:

Item Name	Description	Retail Value	Expiration Date (if applicable)	Restrictions/Notes	Office use only	
					Item #	Pkg #
		\$				
		\$				
		\$				
		\$				

Pickup & Delivery Instructions

- ☐ Item is enclosed
- ☐ Item will be mailed to Hawai'i Care Choices
- ☐ We will deliver item to Hawai'i Care Choices office on _____ At time _____
- ☐ Please pick up my donation on (date) _____ At time _____

Please return this form to:

Mail: Hawai'i Care Choices, 1011 Waiānuenue Avenue, Hilo, HI 96720

Fax: 808-961-7397 or **Email:** fkwee@hawaiicarechoices.org

Have any questions?

Please call **Lisa Kwee** at 808-969-1733 or e-mail fkwee@hawaiicarechoices.org

Office Use Only:

Date Received: _____

Entered Into Roster (Initial): _____