

Lanakila Meals on Wheels Printable Web Form

Your gift to Lanakila Meals on Wheels will directly provide meals and support for seniors in need. We are part of a 501(c)3 non-profit organization. Donations are tax deductible to the full extent allowable by law. A written acknowledgement will be mailed to you. *Mahalo* for your support of our kupuna!

Donations may be made payable/sent to:

Lanakila Meals on Wheels
1809 Bachelot Street
Honolulu, Hawaii 96817
Fax: 808-533-7264

Federal Tax I.D. No.: 99-0103922

Donations may also be made by calling (808) 531-0555

YES! I'd like to...

- | | |
|---|---------|
| <input type="checkbox"/> Adopt a homebound senior for a year | \$2,125 |
| <input type="checkbox"/> Sponsor a kupuna at a center for a year | \$1,250 |
| <input type="checkbox"/> Adopt a homebound senior for a month | \$170 |
| <input type="checkbox"/> Sponsor a kupuna at a center for a month | \$100 |
| <input type="checkbox"/> Adopt a homebound senior for a week | \$42.50 |
| <input type="checkbox"/> Sponsor a kupuna at a center for a week | \$25 |

I'd like to contribute \$ _____

I'd like to pledge \$ _____ (For monthly/quarterly donations, please complete the attached authorization form.)

Monthly Amount \$ _____ Quarterly Amount \$ _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

If donating by credit card, please provide the following information:

Visa: _____ Mastercard: _____ AMEX: _____ Discover: _____

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

Special Recognition:

I would like my gift to be in honor of, or in memory of, someone special. *(please fill in information below)*

Occasion: _____

Please notify:

Name: _____

Address: _____

City/State/Zip: _____) _____

Email: _____
