



Hope and Healing 2017

DONATION FORM

DONOR NAME: _____
(As you wish it published - Please Print or Type)

CONTACT NAME (if different than donor): _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

ITEM: _____ VALUE: _____

DESCRIPTION OF DONATION: _____

IF A WINE DONATION, PLEASE INDICATE RATING: _____

RESTRICTIONS: _____

IF APPLICABLE, PLEASE PROVIDE FCJCO CONTACT: _____

DONOR SIGNATURE: _____ DATE: _____

All physical item donations become property of the Friends upon receipt.

THANK YOU FOR YOUR GENEROUS SUPPORT!!!

**TO RECEIVE MAXIMUM RECOGNITION, PLEASE RETURN COMPLETED
DONATION FORM BY SEPTEMBER 1, 2017.**

Friends of the Children's Justice Center of Oahu

3019 Pali Hwy., Honolulu, HI 96817

Phone: (808)445-1873 Fax: (808)595-6978 Email: coordinator@fcjcoahu.org