



Hope and Healing 2018

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!!!

**Friends of the Children's Justice Center of Oahu
3019 Pali Hwy., Honolulu, HI 96817**

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