



Donation Form

To make a donation, please make check payable to "PARENTS, Inc." and mail it to 45-955 Kamehameha Highway, Suite 305, Kaneohe, Hawaii 96744 with this form.

Title: Dr/Mr/Ms/Mrs/Miss Last Name: _____ First Name: _____

Contact Person (if different from the above): _____

Company Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone No: (____) _____ Cell Phone No: (____) _____

Email: _____

I pledge the amount of \$100 \$75 \$50 \$30 Other: _____ Check No: _____

Please make my gift

in memory of _____

in living honor of _____ Occasion: _____

I prefer to share not to share the amount.

Person or Company to be acknowledged in donation receipt and publication(s) of PARENTS, Inc.

Please contact me with information about volunteering.

Please remove my name and contact information from emails, printed publicity or other communications of PARENTS, Inc.