



Parents And Children Together

BUILDING THE RELATIONSHIPS THAT MATTER MOST

DONATION FORM

YES! *I want to promote and support healthy individuals, families and communities by creating opportunities for them to identify and address their own strengths, needs, and concerns and successfully realize their potential.*

Date of Contribution: _____ Was Contribution Solicited? Yes No If Yes, how? _____

CONTACT INFORMATION

ORGANIZATION: _____

CONTACT NAME: _____

ADDRESS: _____ PHONE NUMBER: _____

CITY / STATE / ZIP CODE: _____ FAX NUMBER: _____

TYPE OF DONATION: Monetary In-Kind AMOUNT: \$1,000 \$500 \$250 \$100 Other: _____

Please fill in the information below

MONETARY INFORMATION

PLEASE CHECK ONE: VISA MASTERCARD AMEX CHECK # _____

CREDIT CARD #: _____ CVV: _____

EXP. DATE: _____ ZIP CODE: _____

SIGNATURE: _____

CHECK PAYABLE TO:

**Parents And Children
Together (PACT)**

IN-KIND INFORMATION

ITEM VALUE: _____

ITEM DESCRIPTION:

WOULD YOU LIKE TO SUBSCRIBE TO OUR E-NEWSLETTER?

YES! I would like to receive e-mail updates about PACT's work.

MY EMAIL: _____

Your gift is tax-deductible and makes a huge difference in our community Thank you for your support!

Please MAIL TO or DROP OFF Donations at: 1485 Linapuni Street, Suite 105, Honolulu, Hawaii 96819

FOR OFFICE USE ONLY	INITIAL
PROGRAM: _____ CONTRACT CODE: _____ - _____ - _____	CDO _____
<input type="checkbox"/> ORIGINAL: Fund Development <input type="checkbox"/> COPY: Fiscal <input type="checkbox"/> COPY: Program	