



The **LAULIMA**
Giving Program



CHECK DONATION FORM

Country: United States

FIRST Name: _____ LAST Name: _____

Billing Address: _____

Street

_____ City

_____ State

_____ Zip Code

Telephone: _____

Home

Cell

Email Address: _____

Amount: \$ _____ or **\$10** **\$25** **\$50** **\$75** **\$100** (circle one)

Please send check payable to LAULIMA to: PO Box 17829 Honolulu, HI 96817

Attested by: _____

Date: _____

Site: _____

Time: _____

Incentive Qualified for: _____

For Office Use Only:

Telethon Shift: _____ Received By: _____