



### 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: \_\_\_\_\_