

PARADISE *Ride Kaua 'i*

August 4-5, 2012

Yes, I would like to help _____ reach their goal.

I would like to contribute \$_____, I have enclosed my check or money order.

Please make checks payable to Malama Pono Health Services

Your personal information. Please print.

Last Name _____ First _____ MI _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

☐ By Credit Card ☐ VISA ☐ Master Card ☐ Amex ☐ Discover

Your 16 digit credit card number:

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Expiration Date: mo/yr

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Name on Credit Card: _____

Signature: _____

Street /POB _____

*Billing Address if different from above _____ City _____ State _____ Zip _____

You may also donate online at: www.ParadiseRideKauai.com

Would you like to receive additional information about Malama Pono? ☐ Yes ☐ No

All contributions are used to fund a portion of the event and support the work of
Malama Pono Health Services. Contributions are tax deductible.

**Please mail your contribution
to:
Malama Pono Health Services
P.O. Box 1950**

Mālama
Pono Health
Services

For more information, contact D. Q. Jackson, Executive Director

(808) 246-9577, Ext. 222 or by email to dq@malama-pono.org

*Malama Pono Health Services is a 501(c) (3) non-profit organization.

Federal ID #99-0260914

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