PARADISE Ríde Kaua 'í

August 3-4, 2013

Yes, I would like	e to help re	each their goal.
	ontribute \$, I have enclosed my check o ase make checks payable to Malama Pono Health Servi	
Last Name	Your personal information. Please print. First	MI
Address		
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	to receive additional information about Malama Pono?	Yes No
All o	contributions are used to fund a portion of the event and support the work Malama Pono Health Services. Contributions are tax deductible.	
	0 Health Services	Health Servíces
(80	nore information, contact D. Q. Jackson, Executive Dire 08) 246-9577, Ext. 222 or by email to <u>dq@malama-pono.c</u> Ima Pono Health Services is a 501(c) (3) non-profit organiz Federal ID #99-0260914 PRK 2012	org
	Contribution Form	

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August 3-4, 2013

Yes, I would like to help			re	each their goal.
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