

**PARADISE** *Ride Kaua 'i*  
*August 3-4, 2013*

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](http://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**  
**Lihue, HI 96766-5950**

**M**ālama  
**P**ono Health  
Services

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

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

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

Federal ID #99-0260914

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