



**DONATION FORM**

Yes, I would like to help the Leahi-Maluhia Foundation with my donation of:

\_\_\_\_\_ \$25 \_\_\_\_\_ \$50 \_\_\_\_\_ \$100 Other \$ \_\_\_\_\_

Donations are used to benefit both Maluhia and Leahi Hospital, unless you indicate here to designate your donation to a facility and/or program:

\_\_\_\_\_ Maluhia  
\_\_\_\_\_ Leahi Hospital  
\_\_\_\_\_ Other: \_\_\_\_\_

Please send acknowledgement of my donation to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

My gift is in memory of \_\_\_\_\_

Please print and mail to:

The Leahi-Maluhia Foundation  
1027 Hala Drive  
Honolulu, Hawaii 96817

Please do not send cash, make checks payable to: Leahi-Maluhia Foundation.

**MAHALO for your support! Your gift is tax deductible.  
Every contribution is appreciated and helps to make a difference.**

1027 Hala Drive  
Honolulu, Hawaii 96817