

Phone: (808) 732-4846 Fax: (808) 732-4881 Email: info@hugshawaii.org www.hugshawaii.org

CASH Donation Form

Thank you for your generous donation in support of our HUGS families! Please complete the information below. We would like to send an acknowledgement with a receipt for tax purposes. If you have any questions, please contact HUGS at (808) 732-4846 or email info@hugshawaii.org.

NAME:			DATE:		
(Please print legibly)					
COMPANY/ORGANIZATION: (If donation is on behalf of company/organization)	anization, please print o	company name as it should b	pe acknowledged.)		
ADDRESS:					
Mailing Address/St		City	State	Zip Code	
PHONE:	EMAIL A	DDRESS:			
My gift is ☐ in memory of					
DONATION AMOUNT: \$	·	☐ Check enclo	osed payable to h	HUGS.	
☐ Please charge payment to:	□ VISA □ Mas	sterCard America	n Express		
Name on credit card:					
Card #:	Exp. Date:				
Security Code:	Signature:				
☐ Make this a monthly recur	ring donation.				
Do you give HUGS permission to media announcements?	o list your donation	n in HUGS publications	, website, social m	nedia or public	
☐ Yes, I give permission. Name as you wish to be ackn	owledged:				
\square No, please keep my name this donation.	anonymous who	en publicly acknowled	dging recognition	າ and use of	
Please mail your donation to: HUGS is a 501(c)(3) nonprofit or	3636 Kilauea / Honolulu, HI	96816	ole to the extent per	mitted by law.	
(Office Use Only):	itiale)			A/20/2021	