



21st Annual Day of Hope
Saturday, November 6th, 2010
Donation Form

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please check one of the following:

- Please accept a cash donation of \$ _____
- Please accept a credit card donation of \$ _____
- CC# _____ Exp. Date: _____
- We will send the Gift Certificate to the Resort.
- We would like someone to pick up the Gift Certificate, please contact us.

Fax/send this form to:

Day of Hope
Attention: Peggy Martin
3900 Wailea Alanui Drive
Wailea, Hawaii 96753
Fax: 808.874.2269
Email: Peggy.Martin@fourseasons.com

Mahalo for your contributions! All donations raised will be equally split between the American Cancer Society of Maui and the Pacific Cancer Foundation.