



Saturday, November 5th

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: Kathleen O'Connor, 3900 Wailea Alanui Drive, Wailea, Hawaii 96753 .Fax: 808.874.2269 Email: Kathleen.oconnor@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.