



Donation Request Form

Help Support Full Life and the Learning Center



Donor Information (please print or type)

Name	
Mailing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Cell	
Fax	
E-Mail	

Donation Information

I (we) would like to donate a total of \$ _____ to be paid: ___ now ___ monthly ___ quarterly ___ yearly
I (we) plan to make this contribution in the form of: ___ cash ___ check ___ credit card ___ other ___

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

You can also donate online by going to our website at www.FullLifeHawaii.org

Copy to Administrative Assistant:	Tax ID #: 99-035-0129
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Full Life is a 501c3 nonprofit public benefit corporation formed to assist in the empowerment of persons with developmental disabilities, enabling them to achieve and enjoy a self determined quality of life.

Please send completed form to:

Full Life
 79-7460 Mamalahoa Hwy. Suite 212
 Kealahou, HI 96750
 Phone: 322-9333 Fax: 322-9334
www.FullLifeHawaii.org
Info@FullLifeHawaii.org



Full Life assists in the empowerment of people with developmental disabilities enabling them to achieve and enjoy a self-determined quality of life.

If you would like to make an In-Kind Donation, please fill out this side:

Donor Information (please print or type)

Name	
Mailing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Cell	
Fax	
E-Mail	

DONATION FOR: Learning Center, Office, Fundraiser, Surf Day, Etc. (please circle one)

Other: _____ **DROP-OFF** _____ **PICK-UP** _____

DESCRIPTION OF ITEM(S) DONATED:

VALUE AMOUNT:

DESCRIPTION OF ITEM(S) DONATED:	VALUE AMOUNT:
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

TOTAL VALUE: \$ _____

ACCEPTED BY: _____ **DATE:** _____

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