



Moon Over Monte Carlo

A Mahealani Event

Silent Auction Donation Form

NAME OF COMPANY/DONOR: _____

Telephone: _____

Contact Person: _____

Fax: _____

Address: _____

Email: _____

City: _____ State: _____ Zip Code: _____

DONATION:

Description of Item:

Quantity: _____

Value: \$ _____

DESCRIPTION/RESTRICTIONS:

(Availability, size, minimum age, artist name, blackout dates, etc.)

Expiration Date: _____

Gift Certificate Provided

DONOR'S SIGNATURE: _____

CAH to Prepare Gift Certificate

PICK-UP/DELIVERY ARRANGEMENTS:

- Mailed to the Attn: Linda Ishikawa, 1100 Alakea Street, Suite 400, Honolulu, HI 96813
- Will contact Linda Ishikawa at 599-2955 Ext. 227 or fax 599-5909 to make special arrangements for delivery / pick up
- Promotional materials (photos, brochures) are enclosed with this contract

THANK YOU FOR SUPPORTING THE CHILDREN'S ALLIANCE OF HAWAII!

The Children's Alliance of Hawaii is a non-profit 501(3)(c) organization. Federal ID#: 990257743.

1100 Alakea Street, Suite 400, Honolulu, HI 96813

Phone: 599-2955 Ext. 227 • FAX: 599-5909 •

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