

IN-KIND DONATION FORM



Donation and Donor Information (to be filled out by donor or gift receiver on behalf of donor).

Donor First Name: Last Name:

Organization:

Street Address:

City: State: Zip:

Phone: Email:

Special instructions, if any, including designated program:

Signature of Donor: _____ Donation Date:

I/we wish to donate the following item(s) to Waikiki Health as described below:

Quantity	In-Kind Donation Description
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Monetary Donations (Check made payable to Waikiki Health)

Cash Donation: \$ Check #: Check Amount: \$

Waikiki Health is a 501(c)(3) nonprofit organization. Per IRS regulations, our Hawaii State employer tax identification (EIN) number is 99-0159253.

To be completed by Waikiki Health:

Program/Department:

Program staff receiving donation:

Please route form to the Marketing & Development Department (Admin Office at CPB).

If mailing or sending via email, please send form to address below.

Waikiki Health, c/o Marketing & Development, 935 Makahiki Way, Honolulu, HI 96826

Email: jdavies@waikikihealth.org • Phone: 808-537-8403

Mahalo for your support!