

SpecialNeedsKidsHawaiiIsland

Please mail this form with your check to:

Special Needs Kids Hawaii Island

Attn: Angelina Lovato
81-950 Makahiki Lane
Captain Cook, HI 96704

Date: _____ (Please print all information clearly)

Enclosed is my check in the amount of \$ _____ payable to Special Needs Kids South Kona.

My Name: _____

Address: _____ Phone: (_____) _____

City / State / ZIP: _____

(Receipt will be sent to address above)

Thank you for your support.
Your contribution is tax deductible.