



Moiliili Community Center

Please complete, print, and mail this form with your payment to:

Moiliili Community Center
2535 South King Street
Honolulu, HI 96826

Your Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Would you like to become a member and join our mailing list?

___ yes ___ no °MCC annual membership = \$35

Gift Amount

___ \$25 ___ \$50 ___ \$100 ___ \$250

___ \$500 ___ \$1000 ___ Other: My gift amount is: _____

___ My check payable to Moiliili Community Center, is enclosed

Print cardholder name: _____

Card Number: _____ Expiration Date: _____

Cardholder signature: _____

Thank you for your generous gift to the Moiliili Community Center. Your gift makes a difference.

