



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 sign up for our mailing list? ___yes ___no

Gift Amount

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

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

___ My check payable to Moiliili Community Center, is enclosed

___ Please charge my: 

___ 

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.**