



Meals from the Heart 2014

September Spooktacular
Thursday, September 25, 2014

DONATION FORM

Organization _____

Name _____

Title _____

Address _____

City, State, Zip _____

Email Address _____

Phone _____ Fax _____

HMoW Reference Person _____

Check one:

☐ Please contact me to have an HMoW Representative pick up my donation.

☐ I will mail or deliver my donation to the HMoW office.

Please list your donation items below, including a suggested opening bid price and retail or suggested value. Please note that this is not a monetary receipt for your donation. You will receive a thank you letter that will serve as your receipt for IRS purposes.

| Description | Quantity | Opening Bid Price | Retail or Suggested Value |
|-------------|----------|-------------------|---------------------------|
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*Please make checks payable to: Hawai'i Meals on Wheels
Kindly return this form via mail, fax, or email by September 13, 2014*

Hawai'i Meals on Wheels is a private, not-for-profit 501(c)(3) organization. All donations are tax deductible.

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