



Mail this form and your donation to:

LA SORELLANZA
92-618 Malahuna Loop
Kapolei, HI 96707-1613

DONATION FORM

I'd like to make a single tax deductible gift of:

- \$25
- \$50
- \$100
- \$250
- \$500
- other: _____

I'd like to make an automatic monthly tax deductible gift of:

- \$25
- \$50
- \$100
- \$250
- \$500
- other: _____

Signature: _____

Please fill in your information below

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Phone Number: _____

I would like to receive updates about La Sorellanza by email

I would like to receive information about sponsorship and donation opportunities



PAYMENT:

I have enclosed a check made payable to: La Sorellanza

I want to charge my credit card: VISA Mastercard AMEX

Credit Card Number: _____ Expiration: _____

Thank you for your support! All donations over \$100 will be issued a charitable tax receipt.

Please select how you would like to receive your receipt:

By e-mail

By regular mail