

PARADISE *Ride Kaua'i*
August 7-8, 2010

Yes, I would like to help _____ reach their goal.

I would like to contribute \$ _____, I have enclosed my check or money order.
Please make checks payable to Malama Pono-Kauai AIDS Project

Your personal information. Please print.
Last Name _____ First _____ MI _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

By Credit Card VISA Master Card
Your 16 digit credit card number:
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Expiration Date: mo/yr
[][][] / [][][] Name on Credit Card: _____

Signature: _____

Street /POB _____
*Billing Address if different from above City State Zip

You may also donate online at: www.ParadiseRideKauai.com

Would you like to receive additional information about Malama Pono? Yes No

All contributions are used to fund a portion of the event and support the work of Malama Pono-Kauai AIDS Project. Contributions are tax deductible.

Please mail your contribution to:
Malama Pono-Kauai AIDS Project
P.O. Box 1950
Lihue, HI 96766-5950



For more information, contact **D. Q. Jackson, Executive Director**
(808) 246-9577, Ext. 222 or by email to dq@malama-pono.org

*Malama Pono-Kauai AIDS Project is a 501(c) (3) non-profit organization.
Federal ID #99-0260914

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