



# Donation Form

“Yes, I am interested in helping the Friends of Missing Child Center–Hawaii to protect, prevent and recover Hawaii’s missing children. I am enclosing my tax-deductible contribution using the donation method indicated below.”

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_

## Donation Method

Check     Visa     MasterCard     American Express

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_\_

Amount \_\_\_\_\_

Signature \_\_\_\_\_

## Please mail to:

Friends of Missing Child Center–Hawaii  
P.O. Box 1479  
Honolulu, Hawaii 96806

