



Maui Behavioral Health Resources Donation Form

We do not share our mailing list. All information is strictly confidential.

Enclosed is my tax-deductible gift to (please check one; if left unchecked, donation will be distributed evenly between the three agencies):

Maui Youth & Family Services **Aloha House** **Malama Family Recovery Center**

Donation Amount: _____

Name/Ohana _____

Please print name as you would like it to appear on acknowledgements. Please check here if you wish to remain anonymous.

Address _____ City/State _____ Zip _____

Email _____ Phone _____

Donation Type (please check one)

Attached is my check Please charge my: Visa MasterCard

Card Number _____ Expires _____

Name as it appears on card _____

Signature _____

Please fill out this form and mail to:
Maui Behavioral Health Resources
Attn.: Development Coordinator
Post Office Box 791749 Paia, Hawaii 96779

For more information about giving or to learn about our programs, please contact Frances Duberstein at:
Phone (808) 579-8414 Ext. 8102 ~ Fax (808) 579-8426
fduberstein@aloha-house.org

MAHALO!