



MAUI BEHAVIORAL HEALTH RESOURCES

Aloha House
Malama Family Recovery Center
Maui Youth & Family Services

Enclosed is my tax-deductible gift to:

- Aloha House, Inc.**
- Malama Family Recovery Center**
- Maui Youth & Family Services**
- All Agencies**

Please check one; if left unchecked, donation will go to the Aloha House general fund to support All Agencies.

Donation Amount: \$ _____

- \$50** Provides a week of meals at our residential treatment campus.
- \$100** Provides clients with recovery curriculum materials.
- \$250** Provides program fees for one month for a Sober Living Program client.
- \$1,000** Provides two months of housing and support for an at-risk youth.
- \$2,500** Provides individual counseling sessions for 25 clients.
- \$10,000** Provides three months of group therapy sessions for clients in recovery.

Name: _____

Please print name as you would like it to appear on acknowledgements. Check here if you wish to remain anonymous:
We do not share our mailing list. All information is strictly confidential.

Address _____ City/State _____ Zip _____

Email _____ Phone _____

Donation Type (please check one):

My Check is Enclosed Please charge my: Visa MasterCard

Card Number _____ Expires _____ CVV# _____

Name as it appears on card: _____

Signature: _____

Donate Online

WWW.MBHR.ORG – click on **Donate**

Please mail this completed form to:

Maui Behavioral Health Resources Attn.: Development Director
Post Office Box 791749, Paia, Hawaii 96779

For more information please contact Development Director Malia Bohlin
Phone (808) 442-6566 ○ mbohlin@aloha-house.org