



# 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**

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](mailto:mbohlin@aloha-house.org)

*Please consider including us in your will.*

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