



Special Events Donor Form

Spl Ev. Donor Code	
TY Sent	Tax Rct Sent

Personal Information – Required – Please Type or Print

Donor Name _____ | _____ Date _____
Name of individual, company, organization or group

Contact Person _____ Best Time to Contact _____

Mailing Address _____

City _____ State _____ Zip _____ Island _____

Work _____ Home _____ Cell _____ Fax _____

E-mail Address _____ Date Submitted _____

Directions _____

Description of Event or Donation(s) – Please Type or Print

- Large Item Donations _____

- Monetary Gift _____
- Collection/Drop-off Point _____
- Adopting Specific "Group" _____
- Lokahi Lists:
 - Children _____ Faxed/Emailed _____
 - Teens _____ Faxed/Emailed _____
 - Seniors _____ Faxed/Emailed _____
- Other Donation/Event _____
- Fund Raising Event _____

Date of Event _____ Time _____ Location _____

Number to be served _____ Contact Person _____ Phone _____

Date(s) Contacted 1) _____ 2) _____ 3) _____ 4) _____

Pick-up Date/Location – Please Type or Print

Date: _____ **Who:** _____

Time: _____ **Where:** _____

Actions Needed / Comments _____