2008
Ho'ola Cancer Exercise Wellness Program
Strive to Thrive!!
Charity Drive

Last Name	First Name	MI

Organization			
Address	City	State	Zip

I pledge my support
to ensure that the quality of life improving work
of the
Ho'ola Cancer Exercise Wellness Program continues.

Donations received contribute to our patients' individualized 10-week fitness sessions.

_____ $1,000.00 Full Session X _____ Patient(s) Annually = $_____

_____ $500.00 Half Session X _____ Patient(s) Annually = $_____

_____ Other Amount = $_____

Please make checks payable to **Ho'ola Cancer Exercise Wellness Program**.
Submit donation to: Ho'ola Cancer Exercise Wellness Program
25 Maluniu Avenue, Suite 102, PMB-166
Kailua, HI 96734

_____ I would like this donation to remain anonymous.
If this option is checked, Ho'ola will NOT list your name on its website or in future press releases.

_____ I would like to contribute in another way. Please contact me.

_____

Strive to Thrive!! is sponsored by the Ho'ola Cancer Exercise Wellness Program - a 501 (c)(3)non-profit organization.