

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

Last Name	First Name	MI	
Organization			
Address	City	State	Zip
<p style="text-align: center;">We pledge our support to ensure that the quality of life improving work of the Ho'ola Cancer Exercise Wellness Program continues.</p> <p>Donations received contribute to our patients' individualized 10-week fitness sessions.</p> <p style="margin-left: 40px;"> <input type="checkbox"/> \$1,000.00 X <input type="checkbox"/> Patient(s) Annually = \$ <input style="width: 100px;" type="text"/> Full Session </p> <p style="margin-left: 40px;"> <input type="checkbox"/> \$500.00 X <input type="checkbox"/> Patient(s) Annually = \$ <input style="width: 100px;" type="text"/> Half Session </p> <p style="margin-left: 40px;"> <input type="checkbox"/> Other Amount = \$ <input style="width: 100px;" type="text"/> </p> <p>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</p> <p style="margin-left: 40px;"> <input type="checkbox"/> We would like this donation to remain anonymous. If this option is checked, Ho'ola will NOT list your organization name on its website or in future press releases. </p> <hr style="border-top: 1px dashed black;"/> <p style="margin-left: 40px;"> <input type="checkbox"/> We would like to contribute in another way. Please contact us. <input style="width: 400px;" type="text"/> </p>			

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