



Hawaii Bonsai Association

A Non Profit Association Under  
Federal Tax Code 501c3

Item Number \_\_\_\_\_

## DONATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Description of Item: \_\_\_\_\_

Total Value of Item: \_\_\_\_\_

**Please CHECK BOX if you need help getting item(s) to the Event**

MAIL TO: Hawaii Bonsai Association  
P.O. Box 496  
Honolulu, HI 96809  
Attn: Donations

**PLEASE RETURN BOTH COPIES OF THIS FORM**

*A copy will be returned for record keeping and tax purposes with an acknowledgement letter*



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