



Donation - Mahalo for Supporting Full Life

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Enclosed is my check made payable to Full Life for \$\_\_\_\_\_.

I prefer to specify that this donation be allocated to

Autism Center \_\_\_\_\_

Learning Center \_\_\_\_\_

Abled Hawaii Artists \_\_\_\_\_

Employment Supports \_\_\_\_\_

Unrestricted \_\_\_\_\_

Other \_\_\_\_\_

Mail to:  
75-5995 Kuakini Highway, Suite 432  
Kailua-Kona, HI 96740