



Date: \_\_\_\_\_

**DONATION DESCRIPTION SHEET**  
(Please return by March 15, 2019)

Item/Service (eg. Certificate, Jewelry, etc.): \_\_\_\_\_

Donor (As you would like it to appear): \_\_\_\_\_

Contact (If different from donor): \_\_\_\_\_

Address (Donor or Contact): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Fair Market Value: \$ \_\_\_\_\_

Complete description (As you'd like it to be shown): \_\_\_\_\_

Limitations or restrictions (if applicable): \_\_\_\_\_

**PLEASE "X" WHERE APPLICABLE**

Donation:  Attached  Need to pick up  Will be delivered  Make-A-Wish will provide

(If photo or logo is available, please email to [gala@hawaii.wish.org](mailto:gala@hawaii.wish.org))

Donor Signature: X \_\_\_\_\_

Donation(s) Accepted By: X \_\_\_\_\_

\*\*Two Signatures required for wish donations without receipt or other backup.

**MAKE-A-WISH FOUNDATION, HAWAII INC. TAX ID# 99-022077**

FOR OFFICE USE ONLY

Processed By: \_\_\_\_\_ Date Received: \_\_\_\_\_ Thank You Sent: \_\_\_\_\_

Total In-Kind Amount: \$ \_\_\_\_\_  Tax Letter  Accounting  Database

PLEASE RETURN THIS FORM TO:  
Make-A-Wish Hawaii • P.O. Box 1877  
Honolulu, HI 96805  
808-537-3118 • 808-536-5566 fax