



Yes, I choose to help **Hamakua Jodo Mission** with a donation.

Donation amount enclosed: ___\$10 ___\$20 ___\$50 ___\$100 ___Other \$_____

Please complete the section below for proper donation acknowledgement and kindly return this form along with your charitable donation to:

Hamakua Jodo Mission
P. O. Box 7
Honoka'a, HI 96727

Name_____

Address_____

Phone_____ Email Address_____