

## **IN-KIND DONATION FORM**

☐ **YES!** We want to support the 30th Annual REHAB Golf Challenge benefiting the Rehabilitation Hospital of the Pacific on **Wednesday, May 28, 2025** at the Hawaii Prince Golf Club.

Food or Beverages (please check if applicable)

Lucky Draw/Prizes (please check if applicable)

## DONOR INFORMATION

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Donor Name:	(as recoo	nized in printed materials)
Contact Name:	Title:	
Address:		r gift acknowledgement)
	(include for prope	r gift acknowledgement)
City:	State:	Zip:
Phone:	Email:	
DONATION INFORMATIO	N: Please provide the deta	ails for your in-kind donation below.
Item Name:		Item Value: \$
Item Description:		
Item Name:		Item Value: \$
Item Description:		
-		nation, we would like to show our support for the 30th I gift of \$
To lea	rn more or to make a donatio	n online visit: <u>rehabhospital.org/golf2025</u>
	-	ura, Associate Director of Development, Special Events at
<u>susan.nakamura@r</u>		stions, please contact her by phone at (808) 566-3885.
	Deadline for Sub	mission: April 1, 2025.

REHAB Foundation is a 501(c)(3) nonprofit organization dedicated to *Rebuilding Lives*. Contributions are tax-deductible to the extent allowed by law. REHAB Hospital of the Pacific Foundation's Tax ID #: 99-0241634

