

IN-KIND DONATION FORM

• •	ort the 27th Annual Joy September 19, 2025 at th	of Food and Wine benefiting the Rehabilitation Hospital of ne Halekulani.
DONOR INFORMATION		
Donor Name:	,	ecognized in printed materials)
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7 (d d i C 55	(include for pro	pper gift acknowledgement)
City:	State:	Zip:
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Item Name: Item Description:	· 	etails for your in-kind donation below Item Value: \$
Item Name:		Item Value: \$
Item Description:		
Please provide 1-2 image	s and logo by email to l	kara.yoshiyama@rehabhospital.org by Friday, Aug 15.
☐ Although we are unab	ole to provide an in-kind	donation, we would like to show our support for the 27th ed gift of \$
To lear	n more or to make a donat	ion online visit: <u>rehabhospital.org/jofw2025</u>
Please email y	·	a Yoshiyama at kara.yoshiyama@rehabhospital.org olease contact (808) 566-3451.

Deadline for Submission: August 15, 2025.

Materials submitted after the deadline may not be included in printed, digital, or promotional materials.

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

