Jikoen Capital Campaign: DONATION FORM

Print Name:
First Last

Address:
Street
City **State** **Zip**

Phone:

Email Address:

Donation (please select your method of giving):

- My check for $_____ is enclosed. Please make checks payable to: ***Jikoen Hongwanji***

- Please charge my: Visa Master Card Discover Amex
  Card Number:

  Exp Date: Sec. Code:

  Name on Card:

  _____
  Signature

- The donation in the amount of $_____ will be made:
  ___ Annually
  ___ Quarterly
  ___ Other _____

Acknowledgement:

How would you like to be acknowledged for publication?
___Name as printed above

___In Memory of _____

___ Other: _____

___Anonymous

For acknowledgement, how would you like it listed?
___Amount and Name
___Name Only

Thank you for your contribution.

Jikoen Hongwanji Mission
1731 North School Street
Honolulu, HI 9681