

# SUPPORTERS

1. Please make checks payable to: Hawaii Foodbank, Inc.  
(Receipts will only be given to those submitting checks)
2. If donating on behalf of an agency, please write the agency name and/or number on all checks to ensure proper credit is given.

\*AGENCIES: Deadline for qualifying percentage matching is **September 17, 2016**

| <b>Donor Name</b> | <b>Cash Amt.</b> | <b>Check Amt.</b> | <b>Total (\$)</b> |
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| <b>Totals:</b>    |                  |                   |                   |

Beneficiary Agency: \_\_\_\_\_ Agency #: \_\_\_\_\_

*Mahalo for your support!*