

# WEST MAUI IMPROVEMENT FOUNDATION

## DONATION FORM

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### Donor Information (please print or type)

Contact Name	
Company Name (if applicable)	
Billing/Mailing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	
Join E-mail list?	<input type="checkbox"/> Check this box to add your e-mail to the WMIF e-mail list

### DONATION

Enclosed is my (our) gift in the amount of \$\_\_\_\_\_ (*Make check payable to "WMIF"*)

To pay by credit card visit our website and look for the yellow "Donate Now" button  
(<http://www.westmauiimprovementfoundation.org/>)

### Acknowledgement Information

We will use name below in any acknowledgements (newsletters, websites, etc).

Check this box to allow your name to be used in acknowledgements.

Please make checks payable to **West Maui Improvement Foundation**, and mail to  
**West Maui Improvement Foundation**  
**PO Box 10338**  
**Lahaina, HI 96761**

For questions please contact:

**Joseph Pluta, President**

**Phone: 808-661-7990**

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