



Enclosed is my/our gift for The Abbie Vara Pediatric Services Fund benefitting Kapi'olani Medical Center for Women and Children in memory of Abbie Vara.

\$25

\$50

\$100

\$250

\$500

\$1,000

Other: \$_____

First Name (please print)

Last Name

Address

City & State

Zip

Phone

E-Mail

I am making my gift by:

Check *(Please make your check payable to Kapi'olani Health Foundation)*

Credit Card: MasterCard Discover Visa American Express

Account Number: _____ Expiration Date: _____

Authorized Signature: _____ Security Code: _____

Print Name on Card: _____

For questions or to make a credit card donation by phone, please call 808-535-7100

To make a gift using securities (please call 808-535-7134)

My gift will be matched by my employer: _____
(Please enclose matching gift form)

Please enclose your check to **Kapi'olani Health Foundation** with this form and mail it to

Kapi'olani Health Foundation
55 Merchant St., Ste. 2600
Honolulu, HI 96813

E-mail foundations@kapiolani.org