



HAWAI'I PACIFIC HEALTH
GREAT ALOHA RUN
KE KUKINI ME KE ALOHA PAU'OLE

DONATION REQUEST FORM

All donation requests must be submitted at least 30 days prior to the Carole Kai Charities, Inc. DbA Great Aloha Run event on Presidents' Day. Please complete form to the best of your ability and email to Administrator@greataloharun.com or mail to 418 Kuwili Street, Suite 102, Honolulu, Hawaii 96817. All donations are reviewed and approved by the Carole Kai Charities, Inc. Board of Directors. Additional information can be attached if more space is needed.

ORGANIZATION INFORMATION

Date Form Submitted: _____

Name of Organization: _____

Address: _____

Contact Name: _____ Website: _____

Email: _____ Phone: _____

501-C (3): Yes ___ No ___ EIN number: _____

Mission Statement of Organization:

Number of Years in Operation: _____

Specific Type of Request:

___ Cash Donation Amount of Request \$ _____

___ In Kind Donation of: _____

How will this donation be used?

How will the Carole Kai Charities, Inc. DbA Great Aloha Run be acknowledged?

Carole Kai Charities, Inc. Giving Policy

The Carole Kai Charities, Inc. DbA Great Aloha Run primarily supports tax-exempt organizations who serve our most vulnerable populations including the elderly, at-risk youth and the developmentally disabled or whose activities respond to other charitable needs of the community.

All awardees are required to submit a report describing the activities performed and the progress towards the organization's goals and objectives. The Carole Kai Charities, Inc. may conduct site visits to observe the recipient's activities as part of the award.

In order to fairly distribute our donation budget, we limit one donation per organization per calendar year. All donation awards are based on the net income derived from the annual Great Aloha Run. Due to the large number of requests we receive, we may not be able to notify those we are unable to accommodate. We will review your request as soon as possible and you will be notified upon approval.

Why Should We Honor Your Request?

If approved, will a logo be required? If so, what format is needed?

YES ___ NO ___ Format: JPEG ___ EPS ___ PDF ___ Other _____

Email address for the logo to be sent to: _____

Attach Any Additional Information About This Request.

Submitted By: _____
Print Name and Title

Signature: _____ **Date:** _____