



HAWAII
PACIFIC
HEALTH

KAPI'OLANI
MEDICAL CENTER
FOR WOMEN & CHILDREN

Your Children's Miracle Network Hospital

Fundraising Supply Order Form

Date: _____

To: Colette Forcier
Director, Kapi'olani Children's Miracle Network
Phone: (808) 535-7112

Fax: (808) 535-7111

Email: Colette.Forcier@hawaiipacifichealth.org

Supplies

Quantity

Latex CMN Hospitals Balloons	_____
Mylar Balloons (available in red and yellow)	_____
Canister Clear plastic w/screw off top – 32 oz size	_____
Silicone Miracle Bands (Adult and Youth sizes - bag of 100)	_____
Preemie Baby Diapers (w/ I Care sticker and pin - pack of 20)	_____
Buttons "Give a Little, Help a Lot" (photo of kids/baby)	_____
"Help Me, Help You, Help Kids" (red)	_____
Stickers (2-inch round/500 roll)	
"Give a Little, Help a Lot" (photo of kids/baby)	_____
Help Me, Help You, Help Kids" (red)	_____
CMN Hospitals Pens	_____
Miracle Balloon Paper Icons (select 6" or 14")	_____
Champion Pins	_____
Champion Poster (11" x 17" or custom size)	_____
Other-describe here:	_____

Contact Name: _____ Contact Phone: _____

Company: _____ Location: _____

Address: _____

City, State, Zip: _____

Campaign Dates: _____ ***Need By Date:** _____

*to ensure timely delivery, FAX or EMAIL form at least 1 week before "NEED BY" date