

HAWAII FOODBANK RECEIPT

Received from: _____

Date: _____

Amount of Food: _____ Pounds / Individual Items (Please circle one)

Amount: \$ _____ Cash / Check (Please circle one)

For: Hawaii Foodbank Annual Food Drive



Hawaii Foodbank
2611 Kilihau Street
Honolulu, HI 96819
Ph: 808-836-3600
Email: info@hawaiifoodbank.org

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