

HCCRS Pledge Form

** Indicates required field*

How Can I Help? *

- Pray for the intentions of HCCRS
- One-time donation for the greatest need
- Donate air miles

Make a monthly pledge: *

- \$25/month (Servants 300)
- \$50/month (Servants 600)
- \$100/month (Servants 1200)
- Other _____ /month

NAME *

ADDRESS *

EMAIL *

PHONE NO. *

Complete this form, print and mail it with your check payable to HCCRS:

HCCRS PO Box 992 Honolulu, HI 96808