



Kapi'olani Children's Miracle Network Supply Order Form

Date: _____

To: Hoku DeFeo
Coordinator
Kapi'olani CMN
Phone: (808) 535-7981

Fax: (808) 535-7111

Supplies

Quantity

Paper Miracle Balloon (6 inch – bundles of 100)	_____
Paper Miracle Balloon (14 inch – bundles of 100)	_____
Latex Balloons (bag of 250)	_____
Mylar Balloons (red, yellow, or blue)	_____
Buttons "Give a Little, Help a Lot" (photo of kids/baby)	_____
Canister plastic w/screw top	_____
Stickers "Give a Little, Help a Lot" (2-inch round/500 roll)	_____
Removable Counter/Window Cling (4"x6")	_____
Stickers "Kapiolani CMN Miracle Balloon"	_____
CMN Pens	_____
Goal Poster with Champion	_____
2023 Champion Poster (11"x17")	_____
2023 Champion X-Banner (5'4" with stand)	_____
2023 Champion pins with story card	_____
Other _____	_____
_____	_____
_____	_____

Contact Name: _____ Contact Phone: _____

Contact Email: _____

Partner/Company: _____ Store Location: _____

Address: _____

City, State, Zip: _____

Campaign Dates: _____ *Need By Date: _____

*to ensure timely delivery, EMAIL form to hoku.defeo@hawaiipacifichealth.org
at least 2 weeks before "NEED BY" date.