

Hawaiian Mission Children's Society **Descendant Enrollment Form**

	Female
П	Male

Name of new enrol	llee			T	(1.1.)	
D-4 CD:-41-	First	Middle		Last	(Maiden)	
Date of Birth	Month/Day/Year	Day/Year		City/State/Co	State/Country	
Address					-	
Addr		City	St	ate Zip	Country	
Home Phone	W	ork Phone	E	Email Address		
Mother's Name				Family/Generation	on	
Fire		Last	Maide		on	
Father's Name				Family/Generation	on	
Fir	st N	Лiddle	Last			
Print and mail this f	form with your \$25 en	rollment fee to:				
·	Hawaiian 553 South	· ·	Historic Site and A	rchives		
or charge to your c	credit card:					
□Visa	□MasterCard	□American	Express			
Card Number:						
Expiration Date:						
Signature:						
	information will be o vill be thanked as suc		this form is filed. E	nrollments are tax do	eductible	
Questions? E-mail	info@missionhouses	s.org or call 447-3	922			
Unless you indicate	e otherwise, we will	send the enrollme	nt certificate to the	donor.		
				Tha Cer Past Fami	office Use: unk you tificate Perfect ly Tree d Copy	