

# *The Faces of Nursing Gala* • Sheraton Waikiki

Wednesday, November 10, 2010 ♦ A Benefit for Nursing Education

## Reservation Form

So that we may meet our printing deadlines, and to properly acknowledge your support, please return this form with your artwork as soon as possible but **no later than Friday, October 15, 2010**. Forms can be faxed to Christina Wong, 808-956-3257 or eMailed to: [nursgala@hawaii.edu](mailto:nursgala@hawaii.edu)

Please confirm your level of support by selecting one of the following:

- \$20,000 Ho'oulu Sponsor** (\$18,700 is tax deductible): Package includes table & hosted valet parking for ten guests, 1 full page in Event Program, tableside auction check-out & UH Nursing Annual Report, website & newsletter recognition. Artwork/logo must be sent to Christina Wong ([nursgala@hawaii.edu](mailto:nursgala@hawaii.edu)) by Noon, 10/12/10.
- \$10,000 Hoa Hana Sponsor** (\$8,800 is tax deductible): Package includes table for ten guests, 1 half page in Event Program, UH School of Nursing & Dental Hygiene Annual Report & newsletter recognition. Artwork/logo must be sent to Christina Wong ([nursgala@hawaii.edu](mailto:nursgala@hawaii.edu)) by Noon, 10/12/10.
- \$5,000 Hoaloha Sponsor** (\$3,800 is tax deductible): Package includes table for ten guests, logo and/or name in Event Program & UH School of Nursing & Dental Hygiene Annual Report recognition. Logo must be sent to Christina Wong ([nursgala@hawaii.edu](mailto:nursgala@hawaii.edu)) by Noon, 10/12/10.
- \$2,000 Hana Like Sponsor** (\$1,100 is tax deductible): Package includes table for ten guests and name in Event Program.
- Individual Ticket Purchase of \$175** (\$57 is tax deductible): # \_\_\_\_\_ of seats \$ \_\_\_\_\_ amount enclosed.
- I am unable to attend but please accept my gift (100% tax deductible) of \$ \_\_\_\_\_.
- I am interested in underwriting or other sponsorship opportunities. Please contact me.

Name/Company \_\_\_\_\_  
*As it should appear in the Event Program*

Contact/Table Host \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

## PAYMENT INFORMATION

- Enclosed is our sponsorship payment (*payable to University of Hawai'i Foundation*).
- Our company pays by invoice/purchase order, please send an invoice with the UH Foundation 501(c)(3) tax ID number for our sponsorship.

**Please make checks payable to University of Hawai'i Foundation**  
(A tax receipt will be sent to you within one month of receiving payment)

**FRIENDS OF UH MĀNOA NURSING**  
C/O University of Hawai'i at Mānoa  
School of Nursing & Dental Hygiene  
2528 McCarthy Mall, Webster Hall 402, Honolulu, HI 96822  
Phone: 808-956-5210 ♦ Fax: 808-956-3257 ♦ [www.nursing.hawaii.edu](http://www.nursing.hawaii.edu)

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