

1st Annual Endowed Scholarship Fundraiser
“Celebrating UH Mānoa Nursing – Past, Present & Future”
Friday, March 14, 2014 | A Benefit for Nursing Education

Reservation Form

RSVP by Saturday, March 1, 2014.

Reservation Information

Name/Sponsor Company _____

As it will appear in the event program.

Table Host/Sponsor Contact _____

Title _____

Address _____

City, State, Zip _____

Email _____

Phone Number _____

Guest Name(s) _____

Sponsorship Packages

- \$5,000 Maile Sponsor** (\$4,300 is tax deductible): Package includes table, wine with dinner, hosted parking, and appreciation gifts for ten guests.
- \$2,500 'Ilima Sponsor** (\$1,920 is tax deductible): Package includes table, hosted parking, and appreciation gifts for ten guests.
- \$1,200 Pikake Sponsor** (\$670 is tax deductible): Package includes table and appreciation gifts for ten guests.
- I am unable to attend but please accept my gift to the UH Mānoa Nursing Alumni Association Endowed Scholarship (100% tax deductible) of \$ _____.
- I am interested in underwriting or other sponsorship opportunities. Please contact me.

Sponsorship Payment Information

- Check: Enclosed is our sponsorship check payment (*payable to University of Hawai'i Foundation*).
- Credit Card by Phone: Please contact me so I may pay by credit card over the phone.
- Invoice/Purchase Order: Our company pays by invoice/purchase order, please send an invoice with the UH Foundation 501(c)(3) tax ID number for our sponsorship.

Individual Tickets

- \$100 Individual Supporter** (\$50 is tax deductible): # _____ of seats \$ _____ amount enclosed.
- \$50 UH Undergraduate Student/Children 10 and Under** (\$0 is tax deductible): # _____ of seats \$ _____ amount enclosed.
- I am unable to attend but please accept my gift to the UH Mānoa Nursing Alumni Association Endowed Scholarship (100% tax deductible) of \$ _____.
- I am interested in underwriting or other sponsorship opportunities. Please contact me.

Individual Ticket Payment Information

- Check: Enclosed is my check payment (*payable to University of Hawai'i Foundation*).
- Credit Card by Phone: Please contact me so I may pay by credit card over the phone.
- Online Credit Card: Visit www.nursing.hawaii.edu/alumnirsvp to pay by credit card online.

A receipt for your payment will be forthcoming. Make checks payable to University of Hawai'i Foundation. Checks can be mailed to UHM Nursing Alumni Association at 2528 McCarthy Mall, Webster Hall 402, Honolulu, HI 96822. Forms can be emailed to Desiree Yamamoto at dlyamamo@hawaii.edu or faxed to (808) 956-3257. For questions or more information, contact Desiree Yamamoto at (808) 956-2904.