



ALOHA MEDICAL MISSION

25th Silver Anniversary *Gala* Celebration

Sunday, November 2, 2008 – 6 to 8 p.m.
Hilton Hawaii Village, Tapa Ballroom

Cocktails at 5 p.m. • Dancing and entertainment to follow

SPONSOR COMMITMENT FORM - Mahalo for your support!

Celebrating 25 years of providing free medical treatment to people in need in Hawaii and throughout Southeast Asia and the Pacific

Please select a level of sponsorship (check one)***

____ Platinum Sponsor \$20,000 ____ Gold Sponsor \$10,000 ____ Silver Sponsor \$5,000 ____ Bronze Sponsor \$2,500

Or, select individual table sales

____ Individual Table \$1,250*** Qty: ____ Total: ____

____ Individual Seat \$125 Qty: ____ Total: ____

Or, I am unable to attend, but would like to make a tax-deductible contribution in the amount of \$_____.

You may also purchase individual tables and seats online at www.alohamedicalmission.org.

***For sponsorships and table purchases, please indicate the names of your guests, below.

CONTACT INFORMATION

Company name (if applicable): _____ Contact name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone/Fax: _____ / _____ Email: _____

METHOD OF PAYMENT:

[] Check is enclosed for \$_____ Make checks payable to: Aloha Medical Mission

Please charge \$_____ to: [] VISA [] MC [] AMEX

Credit Card Number: _____ Expiration Date: _____ Security Code: _____

Name as it appears on card (please print): _____

Billing Address: _____

Cardholder Signature: _____

SEATING:

All tables seat 10. For sponsorships (which include a table of 10) and individual table purchases, please indicate the names of the guests seated at your table (including yourself) below. For individual seats, you may indicate the person(s) you wish to be seated with. *Individual seating requests are considered but not guaranteed.*

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

**Return this form to: Aloha Medical Mission
810 N. Vineyard Blvd.
Honolulu, HI 96817**

Contact us for more information or questions:
Phone: (808) 847-3400 • Fax: (808) 847-3433 • Email: info@alohamedicalmission.org

www.alohamedicalmission.org

Confirmation of your sponsorship or purchase will be sent upon receipt of this form. A receipt for tax purposes will be issued upon receipt of payment. Sponsors and table purchasers will receive their table assignments prior to the event, and also at registration. Individuals will receive seat assignments at registration. Sponsors will be listed in the gala program and subsequent event materials. RSVP by **October 24**. Payment is due by **October 29, 2008**.