



HILO MEDICAL CENTER FOUNDATION



Wine, Cheese, Chocolate & MORE!

Saturday, November 4, 2017

5:00 pm - 8:00 pm

Hilo Hawaiian Hotel - Moku'Ola Room

Sponsorship/Donation Form

YES, please count me in as a sponsor!

- Cabernet Sponsor \$ 10,000
Reserved Table for 8 at a sponsor table
- Chardonnay Sponsor \$ 5,000
Reserved Seating for 4 on a shared sponsor table
- Merlot Sponsor \$ 3,000
Reserved Seating for 2 on a shared sponsor table
- Cheese Table or Chocolate Table Sponsor \$ 2,000
Reserved Seating for 2

I am unable to be a sponsor this year but would like to make a donation of:

\$500

\$250

\$100

Other: _____

Company/Donor Name (as it should appear in program): _____

Contact Name: _____ Day Phone: _____ Email: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Check enclosed (payable to Hilo Medical Center Foundation)

Please charge my credit card (complete below)

Name on card: _____ Signature: _____

Type of card: _____ Credit Card Number: _____ Exp. Date: _____

Billing Address for card: _____

Your response is requested by September 8, 2017 to ensure that recognition of your sponsorship can be printed prior to the Wine, Cheese, Chocolate and More! event. Please be sure to email your company logo and advertisements to Patty.

Donations are tax-deductible. Forms are available on our website at www.hilomedicalcenterfoundation.org **Please Mail, or E-mail your form with payment to:** Hilo Medical Center Foundation, 1190 Waiuanue Ave. Hilo Hawaii 96720; Phone: 932-3636 or E-Mail Patty: pbray@hhsc.org.