



HILO MEDICAL CENTER FOUNDATION

Wine, Cheese, Chocolate & MORE! Virtual Event

Saturday, November 7, 2020

Sponsors' Private Reception Begins at 6:30 p.m.

Sponsorship Payment/Donation Form

YES, please count me in as a sponsor!



- Cabernet Sponsor \$ 10,000
- Chardonnay Sponsor \$ 5,000
- Merlot Sponsor \$ 3,000
- I wish to purchase _____ Basic Wine Packages at \$50.00 each Total \$ _____
- I wish to purchase _____ Deluxe Wine Packages at \$100.00 each Total \$ _____

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 October 16, 2020 to ensure that recognition of your sponsorship can be promoted in press release and social media platforms ahead of Wine, Cheese, Chocolate and More! virtual event. Please be sure to email your company logo, advertisements and verbiage/quotes to Patty at the email address below.

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, 140 Rainbow Drive, Hilo, Hawaii 96720; Phone: 932-3636 or E-Mail Patty: pbray@hhsc.org.