

A Legacy of Caring for Hawaii's People

SPONSORSHIP COMMITMENT FORM

5th Annual Saint Marianne Cope Walk Ala Moana Beach Park, Magic Island Saturday, January 27, 2018

Registration begins at 7 a.m. ~ Walk begins at 7:30 a.m.

Sponsorship Information Due By: Monday, January 15, 2018

Please print your company name exactly as you wish it to appear in publicity materials:

Sp	onsor information					
Cor	mpany Name:					
Cor	ntact Name/Title:	tle:				
Signature:		Date:				
Ma	iling Address:					
City	y, State, Zip:					
Phone:				Fax:		
E-N	nail Address:					
Sen	nd Acknowledgment Attentio	on To:				
Te	am Contact					
Team Contact:			Phone:			
Sp	onsor Level					
Cou	unt our company in for the S	aint Marianne Cope W	/alk! Pleas	e sign us up at the following spor	nsorship level:	
	Saints St. Marianne Cope St. Francis of Assisi	\$20,000 \$10,000 \$5,000		St. Claire of Assisi St. Anthony of Padua Kupuna Village/Wellness Fair	• •	
	rm of Payment					
	e invoice us. Please invoice us.					
	My check is enclosed. Make checks payable to: St. Francis Healthcare Foundation of Hawaii					
Do	onation					
	We cannot commit this ye	We cannot commit this year, but will make a tax-deductible donation of \$				
	We would like to make an in-kind contribution of \$					

Mahalo nui loa!