

St. Francis of Hssisi Spirit Hward Gala

Hilton Hawaiian Village, Coral Ballroom Saturday, July 21, 2018

Table Sponsor Form

		eperior or.	
□ \$25,000 Saints Sponsor □ \$20,000 St. Marianne Cope Sponsor □ \$15,000 St. Francis of Assisi Sponsor □ \$10,000 St. Clare of Assisi Sponsor □ \$5,000 St. Anthony of Padua Sponsor		St. Francis □ \$2,000 □\$500	
PLEASE REPLY BY: Friday, June 15, 2018 Name (As you wish to be recognized in collateral materials):			
Table/ Host Name: Contact Name: If different from Table Host			Date: Title:
Signature:			
Phone:			Email:
Mailing Address:			
City:	State:		Zip Code:
Payment Information			
□ Please send an invoice for the amount of \$			
□ Check	Enclosed is my check made payable to St. Francis Healthcare Foundation in the amount of \$		
☐ Credit Card	Please charge my credit card in the amount of \$		
Type: □ VISA Name of Cardholder:		American Expr	ress
Credit Card Number: _ Billing Address If different from above:			Security Code:
City:Signature:	State:		Zip Code:

Mahalo nui loa!