



St. Francis

HEALTHCARE SYSTEM OF HAWAII
A Legacy of Caring for Hawaii's People

Annual Wine Pairing Dinner

Hilton Hawaiian Village
Friday, October 6, 2017

Table Sponsor Form

- | | |
|---|---|
| <input type="checkbox"/> \$25,000 Saints Sponsor | <input type="checkbox"/> We are not able to attend but would like to provide St. Francis Healthcare System with a gift of: |
| <input type="checkbox"/> \$20,000 St. Marianne Cope Sponsor | <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$100 |
| <input type="checkbox"/> \$15,000 St. Francis of Assisi Sponsor | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> \$10,000 St. Claire of Assisi Sponsor | |
| <input type="checkbox"/> \$5,000 St. Anthony of Padua Sponsor | |

PLEASE REPLY BY FRIDAY, SEPTEMBER 8, 2017

Sponsor Information

Name (As you wish to be recognized in collateral materials): _____ Date: _____

Table/Host Name: _____ Title: _____

Contact Name: _____ Title: _____

If different from Table Host _____

Signature: _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Payment Information

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 MasterCard American Express Discover

Name of Cardholder: _____ Expiration Date: _____

Credit Card Number: _____ Security Code: _____

Billing Address _____

If different from above: _____

City: _____ State: _____ Zip Code: _____

Signature: _____

Please complete the Sponsorship Form to confirm your sponsorship support and return to Kylie Arrell by email karrell@stfrancishawaii.org or FAX (808)547-8034 and if you have questions you may reach her by phone (808) 292-1105.