

RSVP by March 13, 2022

Please submit Guest List and any special dietary requests to pshfevent@gmail.com by **March 27, 2022**

Name of Sponsor _____

Contact Person _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

TABLES: Please reserve the following table(s) of eight:

___ **Diamond Sponsor** Table(s) ___ **Silver Sponsor** Table(s)
 @\$15,000/table @\$7,500/table

___ **Gold Sponsor** Table(s) ___ **Bronze Sponsor** Table(s)
 @\$10,000/table @\$5,000/table

DONATION (Unable to attend): \$ _____

PAYMENT METHOD:

Check Enclosed (Payable to **Public Schools of Hawaii Foundation**)

Visa Mastercard

If paying by credit card:

Name on Card _____

Credit Card Number _____

Amount _____ Exp. Date _____ CV# _____

Signature _____

**For more
information:**

Public Schools of Hawaii Foundation
P.O. Box 4148, Honolulu, HI 96812
pshfevent@gmail.com
349-0151
www.pshf.org

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A portion of your payment is tax deductible, determined according to the gift-giving level.
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