

RSVP by March 6, 2023

Please submit Guest List and any special dietary requests to pshfevent@gmail.com by **March 27, 2023**

Name of Sponsor _____

Contact Person _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

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

___ **Pearl Sponsor** Table(s) ___ **Silver Sponsor** Table(s)
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___ **Gold Sponsor** Table(s) ___ **Bronze Sponsor** Table(s)
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DONATION (Unable to attend): \$ _____

PAYMENT METHOD:

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

Visa Mastercard I I will pay online at www.pshf.org

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
www.pshf.org

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