



Ronald McDonald House Charities of Hawaii 2018 Gala Reservation Form

*Share a Night
Annual Gala* ✨

To: Candace Asam-Lopez
Phone #: (808) 892-1905

Email completed forms to: cal@rmchawaii.org or fax to (808) 955-8794

From: _____ Date: _____

Yes! We would like to attend the Gala on Saturday, November 17, 2018 to support RMHC Hawaii's mission of helping seriously ill children & their families.

Koa \$15,000 _____
(Only 6 available—tax deductible \$13,000)

Maile \$10,000 _____
(tax deductible \$8,250)

Ilima \$5,000 _____
(tax deductible \$3,500)

Pikake \$3,000 _____
(tax deductible \$1,750)

RMH Family Table Sponsor _____

(Unable to attend, please invite RMH families as our guests. Please indicate sponsor level above.)

Individual Seat: # of seats _____ **X \$250 = \$** _____ **Donation Only \$** _____
(tax deductible \$125)

Name: _____ **Title:** _____

Donor or Company: _____
(As it should appear in print materials)

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Person: _____ **Phone:** _____
(If different from above)

E-mail: _____ **Fax/Cell:** _____

PAYMENT INFORMATION

CHECK _____

Please make check payable to: Ronald McDonald House Charities of Hawaii

Mail payment to: Ronald McDonald House Charities of Hawaii
P.O. Box 61777
Honolulu, Hawaii 96839-1777

If paying via credit card, please complete the information below or phone Candace at the above number.

VISA _____ **MASTERCARD** _____ **AMERICAN EXPRESS** _____ **DISCOVER** _____

Account #: _____ **Expiration Date:** _____

Name(s) as it appears on card: _____

Address: _____ **Zip Code** _____
(Associated with card)