



**HILO ORCHID SHOW
GALA PREVIEW PARTY**

**Thursday, July 25, 2024
6:00 p.m. to 9:00 p.m.
Edith Kanaka'ole Stadium in Hilo**



Contact Person: _____

Company (if applicable): _____

Mailing Address: _____

City, State, Zip: _____

Cell: _____ Home: _____ Work: _____

Email: _____

The best way to reach me is by: Email Cell Home Phone Work Phone

RESERVATION (check all that apply):

- I would like _____ # of tickets at \$100 per ticket (of which \$40 is tax deductible).
- I would like to sponsor this event at the _____ level (please see below).
- I would like to make a donation to Ku'ikahi Mediation Center in the amount of \$_____.

SPONSORSHIP OPPORTUNITIES:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Platinum (\$1,750) | <input type="checkbox"/> Gold (\$1,350) | <input type="checkbox"/> Silver (\$1,000) | <input type="checkbox"/> Bronze (\$600) |
| <ul style="list-style-type: none"> • Reserved table for 10 • Recognized in party program • Co. logo in the program • Co. banner hung at party | <ul style="list-style-type: none"> • Reserved table for 8 • Recognized in party program | <ul style="list-style-type: none"> • Reserved table for 6 • Recognized in party program | <ul style="list-style-type: none"> • Reserved seating for 4 • Recognized in party program |

PAYMENT ENCLOSED:

- Visa MC Discover AmEx Check to *Ku'ikahi Mediation Center*

Card Number

Expiration Date

Security Code

Name (as it appears on card)

Signature

Your tickets will be held at will call, unless arrangements are made for pick-up.
Contributions to our 501(c)(3) are tax deductible to the fullest extent allowed by law.
Mahalo for your generous support!