

KAPI'OLANI



7:00 p.m.

SATURDAY,
NOV. 2, 2024

NEAL S. BLAISDELL
CENTER ARENA

Get ready to sparkle and shine at Kapi'olani's Soirée '24, where disco glam will reign supreme. Join us for a night of Saturday Night Fever at the Blaisdell Arena, featuring Boogie Knights entertainment, a sumptuous dinner by MW restaurant, and an unforgettable disco inferno.

Kapi'olani Medical Center for Women & Children is dedicating this evening event to creating awareness and raising vital funds for the future Martha B. Smith Cancer & Infusion Center, a capital project to expand infusion and outpatient oncology services for Hawai'i's women and children.

PLATINUM SPONSOR

\$25,000

INCLUDES ALL THE GOLD BENEFITS PLUS:

- ★ Premium seating for 10.
- ★ Selection of reserve wines.
- ★ Dedicated table service.
- ★ Custom favors for all guests.
- ★ Onstage recognition.

SILVER SPONSOR

\$10,000

- ★ Reserved seating for 8.
- ★ Three-course dinner by MW Restaurant and a selection of wines at your table.
- ★ Recognition and company logo (or personal listing) on all signage and printed materials, including program and mahalo advertisement.
- ★ Inclusion in Hawai'i Pacific Health's "Inspire" Magazine and Annual Report.
- ★ Complimentary parking for all guests.

*A limited number of sponsorships are available.

GOLD SPONSOR

\$15,000

INCLUDES ALL THE SILVER BENEFITS PLUS:

- ★ Preferred seating for 10.
- ★ Selection of premium wines.
- ★ Inclusion in media and other outreach.
- ★ Complimentary valet parking.

GLAMOROUS GIFT

IN-KIND DONATIONS

- ★ Recognition in the event program.
- ★ Inclusion in Hawai'i Pacific Health's "Inspire" Magazine and Annual Report.



YES, I WANT TO SUPPORT KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN:

\$25,000 \$15,000 \$10,000

Other Amount | I would like to make a contribution of \$ _____

Name: _____

I would like to be recognized as: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

PAYMENT INFORMATION:

Payment Enclosed: Please make check payable to KAPI'OLANI HEALTH FOUNDATION

Bill Me (Payable by Oct. 1, 2024)

Credit Card: Visa AMEX Mastercard Discover

Card Number: _____ Exp. Date: _____ Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Printed Name: _____ Signature: _____

Please return form to:

Kapi'olani Health Foundation | 55 Merchant St., 26th Floor | Honolulu, HI 96813 | or Fax: 808-535-7111

If you have any questions and would like to learn more about partnership benefits, please contact Amanda Price, Director of Philanthropy, at 808-535-7157 or Amanda.Price@HawaiiPacificHealth.org

The non-tax deductible amount is \$200 per seat.

Your donation to Kapi'olani Health Foundation is a tax-deductible contribution.
Kapi'olani Health Foundation is a 501(c)(3) charity.
Federal Tax ID # 99-0246364

