

HAWAII
PACIFIC
HEALTH

KAPI'OLANI
HEALTH FOUNDATION

KAPI'OLANI SOIRÉE

Presented by Arrillaga Foundation

Neal S. Blaisdell Center Exhibition Hall

Saturday, October 10, 2026

6:00 p.m.

Co-chaired by Steven Ai and Kathy Carr.

Enter the enchanting world of the
2026 Kapi'olani Cosmic Garden Soirée
for a whimsical evening of wonder and inspiration.

A celebration of growth, connection and the life-changing
work of Kapi'olani Medical Center for Women & Children.

SOIREE

Presented by Arrillaga Foundation

The 2026 Soirée, co-chaired by Steven Ai and Kathy Carr, will support the future Martha B. Smith Cancer & Infusion Center, a vital project to expand quality infusion and oncology services for Hawai'i's women and children. Additionally, a portion of the proceeds will honor the 50th anniversary of The Sex Abuse Treatment Center, a program of Kapi'olani providing comprehensive services for survivors of sexual assault.

SPONSORSHIP OPPORTUNITIES

Presenting Sponsor - Arrillaga Foundation

\$100,000 Diamond Sponsor - Rick and Susie Fried

| Sponsorship Benefits | Platinum \$25,000 | Gold \$15,000 | Silver \$10,000 |
|---|----------------------|--------------------|--------------------|
| Seating and three-course dinner by MW | 10 Premium Seats | 10 Preferred Seats | 8 Reserved Seats |
| Wines by Southern Wine & Spirits | Reserve | Premium | Select |
| Exclusive gift for you and your guests | • | | |
| Logo listing on the event webpage | • | | |
| Onstage recognition | • | • | |
| Recognition and company name (or personal listing) on all printed materials | • | • | • |
| Inclusion in Hawai'i Pacific Health's "Inspire" Magazine and Annual Report | • | • | • |
| Complimentary valet parking | • | • | • |

The nondeductible amount is \$200 per seat.

KAPI'OLANI SOIREE

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

\$25,000 *Platinum* \$15,000 *Gold* \$10,000 *Silver* IN-KIND

I am unable to attend/would like to make a contribution of \$ _____

Sponsor Name: _____ Company Personal

I would like to be recognized as: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact for Guest List and Sponsorship Details: _____ Phone: _____

PAYMENT INFORMATION:

Payment Enclosed: Please make check payable to **KAPI'OLANI HEALTH FOUNDATION**
 Bill Me (Payable by Sept. 10, 2026)

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 | Fax: 808-535-7111

If you have any questions or would like to learn more about sponsorship benefits, please contact Amanda Price, Director of Philanthropy, at 808-535-7157 or Amanda.Price@HawaiiPacificHealth.org or Karen Kuniyuki, Manager of Special Events, at 808-535-7840 or Karen.Kuniyuki@HawaiiPacificHealth.org.

The nondeductible amount is \$200 per seat.

Kapi'olani Health Foundation is a 501(c)(3) charity. Federal Tax ID # 99-0246364