



Ronald McDonald House Charities of Hawaii

2016 Gala Reservation Form

*Share a Night
Annual Gala*

To: Candace Asam-Lopez or Lucy Ahn
Phone #: (808) 973-5683 ext. 239 or 240

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

From: _____ Date: _____

Yes! We would like to attend the Gala on Sunday, November 20, 2016 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:** _____

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: _____

Signature: _____ **Security Code #** _____

(on back of card—optional)