

# Annual Recognition Gala and Silent Auction

Saturday, March 8, 2008 | 5:30 pm | Hilton Hawaiian Village, Tapa Ballroom

Event Honoree: **Linda L. Wong, MD.** | Special Performance by Keali'i Reichel

### RESERVE YOUR TABLE TODAY!

Please fax this completed form to the American Liver Foundation, Hawaii Chapter, at (808) 737-3230 or mail to 3660 Waialae Avenue, Suite 301, Honolulu, Hawaii 96816. For more information, call (808) 737-0400.

Yes, I would like to be a sponsor as indicated below.

#### \_\_\_ Platinum Table Sponsor at \$10,000 includes:

- Premium table for 10
- Opportunity to say a few words at the event [Optional]
- Full page ad in event printed program
- Sponsor acknowledgement during dinner and in the event printed program
- Special Keali'i Reichel CD gift package
- Sponsor acknowledgement in chapter newsletter and website

#### \_\_\_ Gold Table Sponsor at \$6,000 includes:

- Preferred table for 10
- Opportunity to say a few words at the event [Optional]
- Half page ad in event printed program
- Sponsor acknowledgement during dinner and in the event printed program
- Sponsor acknowledgement in chapter newsletter and website

#### \_\_\_ Silver Table Sponsor at \$4,000 includes:

- Table for 10
- Quarter page ad in event printed program
- Sponsor acknowledgement during dinner and in the event printed program
- Sponsor acknowledgement in chapter newsletter and website

#### \_\_\_ Bronze Table Sponsor at \$2,000 includes:

- Table for 10
- Sponsor acknowledgement during dinner and in the event printed program
- Sponsor acknowledgement in chapter newsletter and website

Company/Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

#### \_\_\_ I would like to purchase individual tickets.

Individual tickets (\$150 x \_\_\_\_\_ = \$ \_\_\_\_\_)

#### \_\_\_ I cannot attend, but here is my contribution to the

American Liver Foundation in the amount of: \$ \_\_\_\_\_

Note: Unrestricted annual contributions of \$1,000 or more qualify for Liv'r Aloha Council membership.

#### \_\_\_ I would like to donate a silent auction item for this event.

Please contact me at the phone number above.

#### PAYMENT METHOD:

Check (Please make check payable to: American Liver Foundation)

Visa     MasterCard     American Express

Amount \_\_\_\_\_ Name as it appears on card \_\_\_\_\_

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

#### AMERICAN LIVER FOUNDATION

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