



14TH ANNUAL ALL-STAR AFFAIR

A Night Among the All-Stars

FRIDAY, AUGUST 16, 2024

SPONSORSHIP COMMITMENT FORM

Yes, I/we are happy to support at the sponsorship/support level below:

Sponsorship*

All-Star Sponsor: \$15,000

Superstar Sponsor: \$10,000

Shining Star Sponsor: \$5,000

Individual Ticket: \$500 x _____ ticket(s) = \$ _____
Number of Tickets Total

*Make your sponsorship fully tax-deductible:

I/we will not attend, but will donate our sponsorship table for a fully deductible gift.

I/we are unable to attend, but wish to make a tax-deductible contribution in the amount of \$ _____

Company/Name: _____

Mailing Address: _____

Please provide us contact information for the person who will be our point of contact for any sponsorship questions, guest list details and who will provide your logo for our event materials.

The deadline for our print materials is August 1, 2024.

Name: _____

Phone: _____ Email: _____

Payment Method:

Check enclosed, payable to "After-School All-Stars Hawaii"

Check will be mailed separately

Credit Card via our Give Lively online portal – visit: asashawaii.org/galasponsor

Credit Card via phone – please call our Main Office at 808.734.1314

Please email this form to gala@asashawaii.org or mail to After-School All-Stars Hawaii, 1523 Kalakaua Avenue, Suite 202, Honolulu, HI 96826.

*ASAS Hawaii is a designated 501(c)3 non-profit corporation, Federal Tax ID No. 27-4604870.
All contributions are tax deductible to the extent provided by law.*