

## 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
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☐ Individual Ticket: \$500 x ticket(s) = $\frac{\$}{\text{Total}}$
*Make your sponsorship fully tax-deductible:
$\hfill \square$ 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 <a href="mailto:gala@asashawaii.org">gala@asashawaii.org</a> or mail to After-School All-Stars Hawaii, 1523 Kalakaua Avenue, Suite 202, Honolulu, HI 96826.