

Kokua for a Cause Sponsorship Levels:

You can make a difference at any level you choose to participate, whether as an individual, business, or team of friends, family, or colleagues.

Together, we can all **Kokua for a Cause**.

Pink Ribbon Sponsor \$200

- Mahalo posts on social media
- Name in Annual Report

Double Pink Ribbon Sponsor \$500

- Mahalo posts on social media
- Name in Annual Report

Pink Rose Sponsor \$2,500

- Mahalo posts on social media
- Name in Annual Report
- Name listing on Maui Health Foundation Website
- Name listing on Maui Health Foundation quarterly newsletter (15,000 recipients)

Pink Pearl Sponsor \$5,000

- Mahalo posts on social media
- Name in Annual Report
- Logo listing on Maui Health Foundation Website
- Logo listing on Maui Health Foundation quarterly newsletter (15,000 recipients)

Pink Topaz Sponsor \$10,000

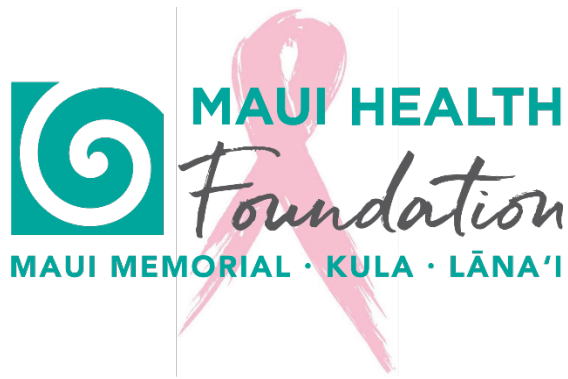
- Mahalo posts on social media
- Name in Annual Report
- Logo listing with weblink on Maui Health Foundation Website
- Logo listing with weblink on Maui Health Foundation quarterly newsletter (15,000 recipients)

Pink Sapphire Sponsor \$25,000

- Mahalo posts on social media
- Name in Annual Report
- Logo listing with weblink on Maui Health Foundation Website
- Logo listing with weblink on Maui Health Foundation quarterly newsletter (15,000 recipients)
- Logo on Maui News ads
- Mentions on radio ads
- Invitation to Annual Guardian Angel dinner

Pink Diamond Sponsor \$50,000

- Mahalo posts on social media
- Name in Annual Report
- Logo listing with weblink on Maui Health Foundation Website
- Logo listing with weblink on Maui Health Foundation quarterly newsletter (15,000 recipients)
- Press release announcement of partnership with Maui Health Foundation
- Logo on Maui News ads
- Mentions on radio ads
- Invitation to Annual Guardian Angel dinner



If you would like to kokua, please fill out the form below and return to the Maui Health Foundation via email to cassie.chavez@kp.org or mail to: 221 Mahalani Street, Wailuku, HI 96793. If you have any questions, please contact Cassie Chavez at (808) 242-2632.

Sponsorship Level _____

I am not able to sponsor, but would like to make a tax-deductible donation in the amount of: _____

Name: _____

Company: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

My check payable to **Maui Health Foundation** is enclosed.

Please charge my: AMEX Mastercard Visa

Card Number: _____ Exp: _____

Amount to be charged: \$ _____

Signature: _____