

EVENT REPLY FORM



To:

Giving HOPE For Recovery c/o Hina Mauka

- Fax Event Reply Form to: (808) 236-2626
- Scan and Email Event Reply Form to: dstachelski@hinamauka.org
- Phone in Event Reply Form to: (808) 447-5267
- Mail your Event Reply Form and check payable to: **Hina Mauka**
45-845 Po`okela Street
Kaneohe, Hawai`i 96744

Giving HOPE For Recovery ~ 5th Annual Benefit Dinner for Hina Mauka
Thursday, October 27, 2011
Registration begins at 5:00 p.m. ~ Dinner & Program 6:00 p.m. - 8:30 p.m.
Hilton Hawaiian Village, Coral Ballrooms

PLEASE RESPOND BY: September 16, 2011

Select your Seating:

- Aloha*** Table of 8 for \$5,000 ***Pono*** Table of 8 for \$3,000
- Lōkahi*** Table of 8 for \$1,500 ***ʻEkahi or Individual*** Seats at \$150 each
- I am unable to attend, but would like to make a donation in the amount of \$_____.***

Company Name: _____

Name (AS YOU WOULD LIKE IT PRINTED IN THE PROGRAM): _____

Contact Person & Title: _____

Phone: _____ Fax: _____

Email: _____

Payment options:

- Visa Mastercard Check payable to **Hina Mauka**

Acct Number: _____ CSC Code: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

Questions? Please call the Fund Development Office at 447-5267. Mahalo!

Proceeds will benefit the Hina Mauka Kokua Fund

The vision of the Kokua Fund is that treatment be available to all who seek it. This financial aid is for clients that have demonstrated a financial need in their ability to pay for their treatment.