



KE ALI'I PAUAHI FOUNDATION

Presents...

Kamehameha Schools Alumni 2010 Golf Tournament Sponsor/Donor Opportunities

Tournament Information:

When: Monday, June 7, 2010
6:45 a.m. 1st Shotgun (6 a.m. Check-in)
11:30 a.m. 2nd Shotgun (10:00 a.m. Check-In)
5:00 p.m. Awards Banquet (At Hickam AFB Officers' Club)

Where: Mamala Bay Golf Course
Hickam Air Force Base

Cost: \$110 per player

Contact: Gil Tam, KS '66
Phone: (808) 542-1455
E-Mail: giltam@waimana.com

Sponsor/Donor Information:

Contact: Kalei Stern, '89
VP, Executive Director
Phone: (808) 534-3966
E-Mail: kalei@pauahi.org

Nā Koa Ho'oulu Scholarship Fund

The Kamehameha Schools Alumni 2010 Golf Tournament Committee is pleased to partner with Ke Ali'i Pauahi Foundation (KAPF) to host the annual alumni event. The purpose of the partnership is to establish the Nā Koa Ho'oulu (NKH) Scholarship Fund to provide educational benefits for families of Kamehameha Schools alumni who are serving or have served in the U.S. Armed Forces or as a "first responder" (police, fire and EMS) with preference for providing scholarship opportunities for the children of alumni killed or injured/wounded in the line of duty. It is our sincere hope that you will support this event as an individual, KS class, corporation and other business or community group who share our aloha and appreciation for those who serve and place their lives in harms way to protect our freedom, life and property.

We offer the tax deductible sponsor/donor opportunities below as a way for the Kamehameha 'ohana and the general community to support the event and participate in honoring our military and "first responders". Your kokua would be greatly appreciated. Mahalo!

Ke Ali'i Pauahi Foundation is a 501 (c) (3) tax exempt organization.
Its Tax ID Number is: 94-3263044.

Sponsor/Donor Information: (Send completed form to KAPF, 567 South King Street, Suite 160, Honolulu, HI 96813)

Sponsor/Donor Name (* indicate if anonymity is desired): _____

Contact Person: _____ **Title/Position:** _____

Phone: _____ **Fax:** _____ **E-Mail:** _____

Mailing Address: _____

Support Level:	Amount	Includes Recognition In:			Select & Indicate Amount Due:
		Signage	Program	Emcee Mention	
<input type="checkbox"/> Blue	\$1,500	4 Tee Signs *	Yes *	Yes *	_____
<input type="checkbox"/> White	\$1,000	2 Tee Signs *	Yes *	Yes *	_____
<input type="checkbox"/> Tee	\$ 500	1 Tee Sign *	Yes *	Yes *	_____
<input type="checkbox"/> Other	\$ _____	N/A	Yes *	Yes *	_____

Payment Method: Check made payable to KAPF (Send form and check to 567 South King Street, Suite 160, Honolulu, HI 96813)

Credit Card Type: _____ Card No. _____ Exp: _____ Amt: _____

Name on Card: _____ Signature: _____