



## 2020 Sponsorship Form

Sponsorship Level: \_\_\_\_\_

Please accept my contribution in the amount of \$ \_\_\_\_\_

### Payment Information

Check enclosed

Check to follow

### Sponsor Information

Sponsor Name as you would like to be acknowledged: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Please make checks payable to IMAG Foundation.



**IMAG foundation**

Please mail this form with checks to:

Sheila Buyukacar  
IMAG Foundation  
98-1861A Kaahumanu St  
Aiea, HI 96701

Questions? Please contact HACC Fiscal Sponsor- Sheila Buyukacar at 808-779-3878

Please email a high-quality logo and any branding specifications to:

thelma.alane@chipara-llc.com