



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