



2018 CHAPTER SPONSOR APPLICATION

1. PLEASE COMPLETE THIS FORM AND EMAIL IT TO: Elise Ueoka, HFMA Hawai'i Chapter Sponsorship Chair at elise.ueoka@hawaiipacifichealth.org
2. PLEASE PRINT AND MAIL THIS FORM WITH CHECK PAYMENT to:

HFMA Hawaii
 P.O. Box 29416
 Honolulu, Hawaii 96820
 Re: Chapter Sponsorship

NOTE: Please make checks payable to "Hawaii Chapter- HFMA"

SPONSOR'S NAME (As you want it to appear on all materials): _____

CONTACT NAME: _____

CONTACT PHONE NUMBER: _____

BILLING ADDRESS: _____

CITY, STATE, ZIP: _____

E-MAIL ADDRESS: _____

We would like to participate at the following sponsorship level: _____

ALOHA	(\$3,000.00)
ALII	(\$2,000.00)
KOKUA	(\$1,000.00)
OHANA	(\$500.00)

For More Information, Contact:

Elise Ueoka, Sponsorship Chair, HFMA Hawaii Chapter
 E-mail: elise.ueoka@hawaiipacifichealth.org
 Phone: (808) 535-7795

Contributions to 501(c)(6) organizations are not deductible as charitable donations for federal income tax purposes. Donations may be deducted as a business expense if they are "ordinary and necessary" in the conduct of the taxpayer's business. Always consult your tax advisor for assistance.