

# KINDLY REPLY BY MARCH 29, 2024

NAME	
COMPANY/ORGANIZATION	
CONTACT NAME (COMPANY AND/OR NAME)	
ADDRESS	
СІТУ	_ STATE ZIP
EMAIL	TELEPHONE

## PLEASE PROVIDE THE NAMES OF YOUR GUESTS.

1	6
2	7
3	8
4	9
5	10

Please return this form to **JWSF, P.O. BOX 3233, HONOLULU, HI 96801** by March 29th. For more information, call (808) 436-9691

### TABLE SPONSOR OF 10 GUESTS

\$5,000	(\$4,340 tax deductible)

4	
\$1.250 (	(\$600 tax deductible)

Please recognize our table as:

#### INDIVIDUAL TICKETS

\$100 (\$35 tax deductible)	Quantity
-----------------------------	----------

## PAYMENT

Enclosed is my check in the amount of \$ payable to the JWSF.
I regret, I am unable to attend. Please accept my donation of \$
I prefer paying by credit card. \$ Please call me at for credit card payment.