



Planned Parenthood of Hawaii
presents
Champions of Choice — 7th Annual Gala
Monarch Room – Royal Hawaiian Hotel
Friday, January 20, 2012

Reserve a **Choice Table** of 10 for \$10,000. Reserve a **Freedom Table** of 10 for \$5,000.

_____ # of **Individual Seats** at \$160 each = \$ _____

Total Amount Enclosed \$ _____

I / we cannot attend.

Check enclosed payable to Planned Parenthood of Hawaii for \$ _____

Please charge my Visa or MasterCard: Account #: _____ Expiration: ___/___ V-Code: _____

Signature: _____ Name (exactly as it appears on credit card): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Secondary Email: _____

Please provide full name and contact information for each of your guests below. Mahalo.

For more information or to RSVP (required):

Planned Parenthood of Hawaii

1350 S King St

Honolulu, HI 96814

808-589-1156 ext. 200; RSVP@pphi.org; Fax: 808-589-1404

The Fair Market Value of each ticket is \$75.

Reservations will be held at the door. Please advise us below if you or your guests need any special accommodation.

*Meals: If you or your guests require vegetarian or special meals, you must specify below
or your meal(s) may not be available on the day of the Gala.*

Parking: Please self-park at the Sheraton, and bring your ticket inside for validation at a discounted rate.

Dress: Aloha Wear / Formal

NAMES AND CONTACT INFORMATION FOR GUESTS AT MY TABLE:

1. Primary Contact:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____ Email: _____

Special Meal or Accommodation: _____

pphi.org/tickets

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2. Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____ Email: _____

Special Meal or Accommodation: _____

3. Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____ Email: _____

Special Meal or Accommodation: _____

4. Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____ Email: _____

Special Meal or Accommodation: _____

5. Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____ Email: _____

Special Meal or Accommodation: _____

6. Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____ Email: _____

Special Meal or Accommodation: _____

7. Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____ Email: _____

Special Meal or Accommodation: _____

8. Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____ Email: _____

Special Meal or Accommodation: _____

9. Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____ Email: _____

Special Meal or Accommodation: _____

10. Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____ Email: _____

Special Meal or Accommodation: _____