



ALOHACARE
FOUNDATION

SPONSORSHIP COMMITMENT FORM

2026 ALOHACARE FOUNDATION FUNDRAISER
MAY 15TH, 2026, 'ALOHILANI RESORT WAIKIKI BEACH

Company name (as to be displayed) _____ Date _____

Executive Contact _____ Email _____

Sponsorship Activation Contact name _____ Email _____

Phone _____

Address _____ State/City//ZIP _____

Website _____

Ali'i Sponsor (Royal Level) – \$30,000

Nalu Sponsor – \$10,000

Koa Sponsor (Warrior Level) – \$20,000

'Ohana Sponsor – \$5,000

Lehua Sponsor – \$15,000

Kuleana Donor – \$

Donor Type

Organization

Individual

I would like to donate anonymously

Authorized signature _____ Date _____

Print name _____ Title _____

Check enclosed (payable to AlohaCare Foundation)

Please invoice me

Credit card



To pay by credit card, please visit
<https://givebutter.com/alohacarefoundation2026>
or scan the QR code.

Submit this completed form and a high-resolution image (.eps, .ai, .png files that are 300dpi) of your company logo to:

AlohaCare Foundation
Attn: Carmen Jamal
1357 Kapiolan 'i Blvd. G101
Honolulu, HI 96814
Email: cjamal@alohacare.org