



Hawaii Children's Cancer Foundation

PRESENTS

Moon Over Merchant Street at Murphy's

Saturday, May 16, 2009
 6:00 PM – 10:00 PM
 Murphy's Bar & Grill
 Valet Parking on Nuuanu Ave.
 Casual Attire

RESERVATION FORM

Invitations will be mailed separately

- ___ Yes, we would like to participate in this event:
- ___ \$10,000 **Platinum Table Sponsor** (seats 10)
waited service, favors
- ___ \$5,000 **Gold Table Sponsor** (seats 10)
waited service, favors
- ___ \$2,000 **Silver Table Sponsor** (seats 8)
- ___ Purchasing seats ___ seats at \$275/seat
- ___ Monetary Donation \$ _____
- ___ Donate an item for the Kaleidoscope Boutique

Contact Person _____

Business Address _____

City _____ State _____ Zip _____

Telephone _____

Email _____

Fax reservation form to 521-4689
 or email Susan Morihara at info@hccf.org

Mail reservations and/or payment to:
 Hawaii Children's Cancer Foundation
 1814 Liliha Street, Honolulu, HI 96817

For more information, call Susan Morihara
 at 528-5161 or visit our web site at www.hccf.org



Payment Method:

___ Check (enclosed) \$ _____

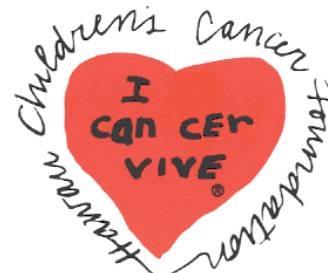
___ Credit card VISA/MC/AMEX \$ _____

___ Card holders name _____

Card # _____

Exp. Date: ____/____/____

Business Name _____



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