

To: 'Aha Pūnana Leo
Fax: (808) 969-7512

Re: Recognized Affiliation - \$150 Seat Form
Ne'epapa I Ke Ō Mau 2010
Ka 'Ohana Kamehameha, He 'Ōpū Ali'i
The Kamehameha Family, A Tradition of Hawaiian Leadership



INDIVIDUAL NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

TABLE HOST: _____

INVITED BY: _____

Please mark your affiliation:

- | | |
|--|---|
| _____ <i>Limahana 'APL</i> | _____ <i>Haumāna Niuolahiki</i> |
| _____ <i>Makua Pūnana Leo</i> | _____ <i>Alumni Kamehameha Schools Class of _____</i> |
| _____ <i>'Ohana Wa'a</i> | _____ <i>Member Hawaiian Civic Club</i> |
| _____ I am unable to attend but wish to make a donation of \$_____ | |

THE TAX DEDUCTIBLE PORTION OF EACH SEAT IS \$75.

• **Check Payment:**
'Aha Pūnana Leo
96 Pu'uhonu Place
Hilo, Hawai'i 96720

• **Credit Card Payment:**

Visa / Master Card / Diners Club / American Express

Number: _____

Exp. Date: _____

Name on Card: _____

Signature: _____



E OLA KA 'ŌLELO HAWAI'I
The Hawaiian Language Shall Live

Please fax this form to (808) 969-7512 so that we may document your response. Mahalo.