

THE SEX ABUSE TREATMENT CENTER

A Program of Kapi'olani Medical Center for Women & Children

Cordially invites you to the

20th Annual It's Not Your Fault BENEFIT LUNCHEON

Tuesday, October 23rd
11:30 a.m. to 1:30 p.m.

Oahu Country Club

150 Country Club Road • complimentary parking

[respect] CHAMPION \$5,000 • [respect] HERO \$2,500

[respect] ADVOCATE \$1,500

[respect] FRIENDS OF SATC SEAT: \$150

Please RSVP by October 8, 2018

It's Not Your Fault

SEX ABUSE TREATMENT CENTER SPONSORSHIP LEVELS

[respect] CHAMPION \$5,000

- Onstage recognition during the event
- Inclusion of name or corporate logo in event program
- Inclusion in SATC's newsletter and Hawai'i Pacific Health's donor report
- One table of eight guests reserved for the event

[respect] HERO: \$2,500

- Inclusion of name or corporate logo in event program
- Inclusion in SATC's newsletter and Hawai'i Pacific Health's donor report
- One table of eight guests reserved for the event

[respect] ADVOCATE: \$1,500

- Inclusion of name in event program
- Inclusion in SATC's newsletter and Hawai'i Pacific Health's donor report
- One table of eight guests reserved for the event

[respect] FRIENDS OF SATC SEAT: \$150

- One seat at the event

**HAWAI'I
PACIFIC
HEALTH**

KAPI'OLANI
THE SEX ABUSE
TREATMENT CENTER



Net proceeds from this event will benefit The Sex Abuse Treatment Center. The good faith estimate of the fair market value of each individual ticket is estimated at \$50. Please consult your tax advisor.

20th Annual It's Not Your Fault

BENEFIT LUNCHEON

NAME _____ DAY PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____

I would like to reserve a table in the name of _____

I would like to reserve _____ seats at \$150 per person

I am unable to attend but please accept my donation of \$ _____

PAYMENT OPTIONS

Check (*enclosed made payable to Kapi'olani Health Foundation*)

(Please note that all credit card transactions are routed through the Kapi'olani Health Foundation)

Credit Card: VISA MASTERCARD AMEX

Credit Card #: _____ Expiration Date: _____

Name on Card: _____

Amount \$ _____ Signature: _____

Personal Donation Company Donation

Please RSVP by October 8, 2018. Thank you for your tax deductible donation!

For more information, call Richelle Freitas at 535-7600 or email rfreitas@kapiolani.org