



‘IMILOA

Astronomy Center of Hawai‘i

Business Partnership Application

Yes! My company would like to join ‘Imiloa and receive benefits at the level indicated below:

- | | |
|---|---|
| <input type="checkbox"/> \$2,500 Ka Hāweo | <input type="checkbox"/> \$1,000 Ke Ka‘iao |
| <input type="checkbox"/> \$1,500 Ka Li‘ulā | <input type="checkbox"/> \$500 Ka Pōponi |

Company Name _____

Contact Person _____

Title _____

Mailing Address _____

City _____

State _____

Zip _____

Phone _____

Fax _____

Email _____

Website: _____

Please write below exactly how you would like your company name listed on the ‘Imiloa Donor Wall in our atrium:

A check is enclosed
(Please make check payable to “UH Foundation”)

Please charge my credit card:

Visa

MasterCard

American Express

Diners Club

Discover

Card Number: _____ Exp. Date: _____

Name as it appears on card: _____

Signature: _____ Date: _____

Please send me information on seat naming opportunities in the Planetarium

Please send me information on corporate sponsorship opportunities at ‘Imiloa Astronomy Center

Please return this form to:

Nico Leilani Verissimo
Membership and Fund Development Manager
‘Imiloa Astronomy Center
600 ‘Imiloa Place Hilo, HI 96720
www.imiloahawaii.org
Phone: (808) 969-9732
Fax: (808) 969-9748

NOTE: Premiums for joining, as well as certain standard member benefits, affect the tax deductibility of your contribution.

