

Pacific Health Ministry 30th Anniversary Celebration
Ala Moana Hotel- Hibiscus Ballroom - October 14, 2018

Name _____

Company/Organization _____

Address _____

Telephone (Bus/Home/Cell) _____ Email _____

Payment Method: Check enclosed (Checks to Pacific Health Ministry)

Credit Card Type: VISA Mastercard

Card Number _____ Amount \$ _____

Expiration Date _____ Security Code _____

Signature _____

Please RSVP before September 30, 2018

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Individual Seat(s): _____ X \$130 each = \$ _____

I wish to reserve a Table: *(Table seats 8 people)*

- \$1,250 - Mokihana Table \$2,500 - Lokelani Table
 \$5,000 - Ilima Table \$10,000 - Hibiscus Table

I am not able to attend, but please accept my donation of \$ _____

Please print the Names of all Attendees on this Reply Card

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____
7. _____ 8. _____

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