



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

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.*

