



**11<sup>th</sup> Annual Growing Dreams Floral Show and Luncheon**

*Featuring Floral Designer, Kevin Ylvisaker*

*The Fairmont Kea Lani Resort Wailea - August 6, 2011 8:30 – 1:30*

**TICKETS & TABLES:**

**YES**, I am pleased to support the 11<sup>th</sup> Annual Growing Dreams Floral Show and Luncheon by purchasing **TICKETS/TABLES** at the following level:

# \_\_\_\_\_ **\$1,500** VIP Table(s) of (10)                      # \_\_\_\_\_ **\$150** Individual VIP Ticket(s)  
 # \_\_\_\_\_ **\$1,250** Standard Table(s) of (10)                      # \_\_\_\_\_ **\$125** Individual Standard Ticket(s)

**SPONSORSHIP OPPORTUNITIES: (Ads placed in event program)**

**YES**, on behalf of our organization, we are pleased to support the 11<sup>th</sup> Annual Growing Dreams Floral Show and Luncheon by **SPONSORING** the event at the following level:

_____ <b>\$10,000</b>	_____ <b>\$5,000</b>	_____ <b>\$3,000</b>	_____ <b>\$1,000</b>
VIP Table of (10)	(4) VIP Tickets	(4) Standard Tickets	(2) Standard Tickets
Full Page Cover Ad	Full Page Ad	½ Page Ad	¼ Page Ad

**ADVERTISING SPACE: (event program)**

**YES**, I am pleased to support the 11<sup>th</sup> Annual Growing Dreams Floral Show and Luncheon by purchasing **ADVERTISING SPACE** at the following level:

Full page -- \$500 \_\_\_\_\_ 1/2 page -- \$300 \_\_\_\_\_ 1/4 page -- \$200 \_\_\_\_\_ 1/8 page -- \$100 \_\_\_\_\_

*Please have all artwork and copy turned in by **July 15, 2011**. Business card can be used for 1/8 page ad.*

***(Please see reverse side for payment information)***

**AUCTION DONATIONS: (to appear on bid sheet)**

**YES**, I am pleased to support the 11<sup>th</sup> Annual Growing Dreams Floral Show and Luncheon by donating the following item(s) to the **SILENT/LIVE AUCTION**:

Item Description: \_\_\_\_\_

Total Quantity: \_\_\_\_\_

Per Item Value: \_\_\_\_\_

Total Value of Contribution: \_\_\_\_\_

Donation enclosed: \_\_\_\_\_ Yes/No      Please pick up my donation: \_\_\_\_\_ Yes/No

**CONTACT INFORMATION:**

Contact Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**PAYMENT OPTIONS:**

\_\_\_\_\_ Please invoice

\_\_\_\_\_ Check enclosed (payable to Maui Youth & Family Services – Growing Dreams 2011)

\_\_\_\_\_ Please charge on credit card #: \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVC# \_\_\_\_\_ Total to be charged: \$ \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail or fax this completed form by July 15, 2011 to:**

*Maui Youth & Family Services, Inc.- Growing Dreams 2011*

*PO Box 790006*

*Paia, HI 96779*

*Or FAX to: 579-8426*

*For more information, please call Amy Hampton at 579-8414 ext. 8118 or visit the website [www.myfs.org](http://www.myfs.org)*