



ALEXANDER & BALDWIN
PARTNERS FOR HAWAII

KOKUA GIVING PROGRAM

Grant Application Form: Fundraising Event Sponsorships

FUNDRAISING EVENT SPONSORSHIP

Non-profit organizations and community groups seeking support for fundraising dinners/events/activities should submit letters of request which include the information below, or complete the application below.

Requests may be submitted to A&B staff for processing by email to giving@abhi.com OR by mail to Alexander & Baldwin, Inc. P.O. Box 3440, Honolulu, HI 96801, Attn: A&B Kokua Giving. If submitting by email, please send supporting materials as Word or PDF attachments. For questions, contact us at giving@abhi.com or call the A&B Kokua Giving staff at 525-6642.

ABOUT YOUR ORGANIZATION

Name of organization: _____

EIN/Federal Tax ID: _____ (if registered) Awarded IRS 501(c)(3) status? (Y/N)

Website: _____

Telephone: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

PRIMARY CONTACT

Name: _____ Title: _____

Email: _____ Telephone: _____

SECONDARY CONTACT

Name: _____ Title: _____

Email: _____ Telephone: _____

ORGANIZATIONAL LEADERSHIP

TOP PAID STAFF:

Name: _____ Title: _____

BOARD/ORGANIZATIONAL VOLUNTEER LEADERSHIP

Officers:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Board Members: (if more than 6, please attach list)

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

ABOUT THE EVENT

Type of event: (dinner, lunch, golf tournament, other): _____

Day/Date/Time: _____

Name/Theme: _____

Honoree(s) (if any): _____

If a seated event: Tables of (number of seats) _____ If golf tournament: Teams of (number) _____

Sponsor Levels: (if more than 3, please attach list):

Sponsor level: Name: _____ Total: \$ _____ Tax-deductible (total): \$ _____

Sponsor level: Name: _____ Total: \$ _____ Tax-deductible (total): \$ _____

Sponsor level: Name: _____ Total: \$ _____ Tax-deductible (total): \$ _____

Event Volunteer Leadership - Event Chair (s): (if more than 2, please attach list)

Name: _____

Name: _____

Event Volunteer Leadership - Event Committee members or Vice Chairs: (if more than 3, please attach list)

Name: _____

Name: _____

Name: _____

Recognition Opportunities:

OTHER CONFIRMED SPONSORS: (if more than 3, please attach list)

Name: _____ Total: \$ _____

Name: _____ Total: \$ _____

Name: _____ Total: \$ _____

DESCRIBE LINKS BETWEEN YOUR EVENT AND A&B OR ITS COMPANIES:

Please describe why you believe A&B is an appropriate donor, including any volunteer affiliation or past alliance which warrants consideration. (100 words)

If you would like confirmation of receipt of your application, please indicate the contact person's name and email address:

Name: _____ Email: _____