

Lunalilo Home

501 Keolu Street
Honolulu, Hawaii 96825
(808) 395-1000

April 2010

Aloha Lunalilo Home Supporter:

You are invited to participate in the 19th Annual Lunalilo Home Golf Tournament benefitting our kupuna by purchasing a team or entering as an individual. Additionally, you may also make a generous donation to Lunalilo Home. The tournament will be held on Friday, July 16, 2010 at the Pearl Country Golf Club. Three person teams competing in a modified scramble format will commence with a shotgun start at 12:30 P.M.

- Individual Team \$500 (includes one team entry of three players)
- Individual Player \$175 (per person – players will be partnered)

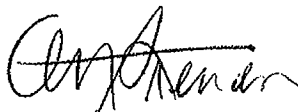
Funds raised through your participation support those kupuna at Lunalilo Home who are indigent, infirmed, unable to care for themselves, and who have insufficient funds to pay regular fees for their residence at the home.

Join us for a grand round of golf, camaraderie, and great food at the awards banquet immediately following play. If you don't golf, please consider a generous monetary contribution or a donation of products/services which may be used as prizes for participants.

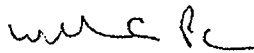
Lunalilo Home is a tax exempt 501(c)(3) organization, Federal ID #99-0075244. Donations and a portion of the tournament fee are tax deductible, as allowed by law. If you would like more information about the tournament, please call Lunalilo Home at 395-1000.

We look forward to your participation in making this a fun and successful event!

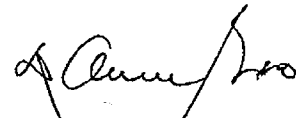
Mahalo,



Oswald Stender
Honorary Chair



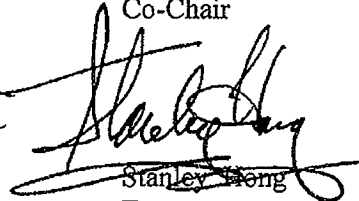
William Paik
Co-Chair



Darrell Goo
Co-Chair



Harvey McNerny, Jr.
Trustee



Stanley Wong
Trustee



Kamani Kualau
Trustee



19TH ANNUAL LUNALILO HOME GOLF TOURNAMENT

A Benefit for Lunalilo Home



Lunalilo Home, created and established by the will of His Majesty King William Charles Lunalilo, first opened in 1883. It is an Adult Residential Care Home for Hawaiians, and over its 127 year history, it has provided exceptional loving and compassionate care to all of its residents, attending to their physical, emotional and spiritual needs.

King Lunalilo, the first elected Monarch and the last of the Kamehameha line to rule, was known as "THE PEOPLE'S KING". To this end, Lunalilo Home is his legacy to the people he loved, whose future and welfare he wanted to protect.

Place: Pearl Country Club
98-535 Kaonohi Street, Aiea

Date: Friday, July 16, 2010
11:00 a.m. Golfers check in.
Light lunch will be served.

12:30 p.m. Shotgun Tee-Off start
3—Person modified scramble format

Please mail and make checks payable,
by Friday, July 2, 2010 to:

Lunalilo Home
501 Kekāuluohi Street
Honolulu, Hawai'i 96825

Maximum Handicap for Men = 28; Women = 36
Minimum Drives – Three (3) for each team member.

Lunalilo Home is a 501(c)(3) not-for-profit organization.
Donations are tax deductible to the extent of the law.

Awards banquet and prizes to follow.

For more information, call 395-1000

Detach below and send to Lunalilo Home

YES! We would like to participate in the 19th ANNUAL LUNALILO HOME GOLF TOURNAMENT

SPONSOR/DONOR: _____ **EMAIL:** _____

ADDRESS: _____

CONTACT PERSON: _____ **ROOM/SUITE** _____ **CITY** _____ **STATE** _____ **ZIP** _____
PH: _____ **FAX:** _____

TEAM PURCHASE <i>ONE TEAM</i>	MONETARY DONATION <i>NO TEAM</i>	PRIZE DONATION
<input type="checkbox"/> \$5,000 Grand Slam Sponsor <input type="checkbox"/> \$2,500 Major Sponsor <input type="checkbox"/> \$1,250 Champion Sponsor <input type="checkbox"/> \$500 Individual Team <input type="checkbox"/> \$175 Individual Player	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$1,250 <input type="checkbox"/> Other \$ _____	We would like to donate the following to be used as prizes for the tournament (specify): _____ _____ _____ _____
PAYMENT	Sponsor Team \$ _____ Monetary Donation \$ _____ TOTAL \$ _____	

1. NAME: _____ PHONE/FAX: _____ EMAIL: _____
ADDRESS: _____ HANDICAP: _____

2. NAME: _____ PHONE/FAX: _____ EMAIL: _____
ADDRESS: _____ HANDICAP: _____

3. NAME: _____ PHONE/FAX: _____ EMAIL: _____
ADDRESS: _____ HANDICAP: _____