



HAWAII DENTAL ASSOCIATION
FOUNDATION

Helping Hawaii Smile

Hawaii Dental Association Foundation Presents

KENTUCKY DERBY A NIGHT AT THE RACES

A GIVE KIDS A SMILE HAWAII FUNDRAISER



SATURDAY, AUGUST 15, 2026

6 PM • KAHALA HOTEL & RESORT



HAWAII DENTAL ASSOCIATION FOUNDATION PRESENTS

KENTUCKY DERBY: A NIGHT AT THE RACES

A GIVE KIDS A SMILE HAWAII FUNDRAISER 2026

TRIPLE CROWN



- Corporate officer as honorary event chair
- VIP table for 10 guests
- VIP logo placement on invitation
- VIP Check-in
- VIP Gifts
- Unlimited hosted wine & beer at table
- Booth display at GKAS 2027 to promote oral health awareness

Recognition on GKAS signs, tshirts, website, social media, and gala program

\$20,000

THE WINNER'S CIRCLE



- VIP table for 10 guests
- VIP logo placement on invitation
- Hosted wine at table
- 2 drink tickets per guest
- Corporate sponsorship sign at GKAS 2027 table

Recognition on GKAS signs, tshirts, website, social media, and gala program

\$10,000

RUN FOR THE ROSES



- Table for 10 guests
- Logo placement on invitation
- 2 drink tickets per guest

Recognition on GKAS signs, tshirts, website, social media, and gala program

\$5,000

CHURCHILL DOWNS



- Table for 6 guests
- 1 drink ticket per guest

\$1,500

6:00 PM SATURDAY, AUGUST 15, 2026 AT THE KAHALA HOTEL

Hawaii Dental Association Foundation Presents

KENTUCKY DERBY

A NIGHT AT THE RACES

A GIVE KIDS A SMILE HAWAII FUNDRAISER

Saturday, August 15, 2026 • 6 PM • Kahala Hotel & Resort

SPONSORSHIP COMMITMENT FORM

YES! Count us in to support the Give Kids a Smile Hawaii "Kentucky Derby 2026"!

Company: _____

Sponsorship Level – please enter quantity per level:

___ Triple Crown – \$20,000

___ The Winner's Circle – \$10,000

___ Run for the Roses – \$5,000

___ Churchill Downs – \$1,500

Note: This level does not include a sponsored table

Payment Method – please choose one:

Please send an invoice, attention to: _____

Our check is enclosed, and made out to the Hawaii Dental Association Foundation.

We would like to pay by credit card:

Name as it appears on the card: _____

Contact name: _____

Billing address: _____

CC type: Visa Mastercard AMEX Credit Card Number: _____

Exp. Date: _____ Security Code: _____ Today's Date: _____

Authorization signature: _____

Email: _____ Phone: _____

Please retain a copy for your records, and return form to

Margarita Toaiva, Hawaii Dental Association Foundation, 500 Ala Moana Blvd Suite 7-411, Honolulu, HI 96813.
margarita@hawaiidentalassociation.net or 808-593-7956. *Mahalo!*