



VISION LAB



CONTRIBUTION INFORMATION

Company Name _____

Primary Contact _____

Email _____

Yes, I would like to be a CTL sponsor! Select your giving level below.

\$20,000 Visionary Level

\$10,000 Trailblazer Level

\$5,000 Role Model Level

No, I can't make it, but I would love to give \$ _____

PAYMENT OPTIONS

We would like to donate via ACH

Enclosed is my check in the amount \$ _____

Please make check payable to: Center for Tomorrow's Leaders
Please write "Vision Lab 2023" in the memo section

Please charge my credit card: Visa MasterCard AMEX Discover

Name on Card _____

Credit Card Number _____

Exp. Date _____ CCV# _____

Contact Name (If different than name above) _____

Company Name _____

Billing Address _____

City _____ State _____ Zip Code _____

Please mail your reservation form and payment to:
Center for Tomorrow's Leaders
677 Ala Moana Blvd. Suite #1100
Honolulu HI 96813
or email ctl@ctlhawaii.org



CENTER FOR TOMORROW'S LEADERS

CTLHAWAII.ORG