



## Support Request Form

Thank you for your interest in Hawaii Women Lawyers (“HWL”).

Please complete the Support Form on pages 2 and 3 for HWL’s consideration and submit via [hawaiiwomenlawyers@gmail.com](mailto:hawaiiwomenlawyers@gmail.com). This form is provided for convenience; HWL may request additional information for its consideration. Decisions are made at the HWL Board’s sole discretion and are final.

### OVERVIEW

HWL is a 501(c)(6) nonprofit organization founded in 1976. Serving our female and male members and the community, we are committed to improving the lives and careers of women attorneys, influencing the future of our legal profession, enhancing the status of women and promoting equal opportunities for all. HWL is funded by membership dues, as well as financial support from Hawaii Women’s Legal Foundation. To learn more, we invite you to visit [www.hawaiiwomenlawyers.org](http://www.hawaiiwomenlawyers.org).

Please be aware that HWL’s main purpose is not as a funder. There are many organizations that focus on funding, including Hawaii Women’s Legal Foundation (learn more at [www.hwlf.org](http://www.hwlf.org)). That said, over the years, HWL has supported select organizations that support its mission. Support has included, but is not limited to:

- **Promotional Support** (through e-blasts and e-newsletters to HWL members, social media posts, etc.)
- **Co-Sponsorship**
- **Financial Support**
- **Participation in Events** (volunteers, org promotion table, etc.)

### QUESTIONS & TURNAROUND

If you have any questions or need more information, please contact us at [hawaiiwomenlawyers@gmail.com](mailto:hawaiiwomenlawyers@gmail.com).

Please allow at least 30 days for HWL to consider your request. Note that the Board generally meets on the third Thursday of the month. We will contact you as soon as possible to advise as to the Board’s decision. Thank you.

**SUPPORT REQUEST FORM**

Date of Request: \_\_\_\_\_

Please consider the request by this date: \_\_\_\_\_ *(allow at least 30 days; the Board generally meets on the third Thursday of the month)*

**CONTACT INFO**

Name of Requesting Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Website: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Title/Relationship to Requesting Organization: \_\_\_\_\_

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

**REQUEST TYPE (Please check all that apply)**

\_\_\_\_\_ Promotional Support (e-blasts, HWL newsletter, social media, etc.)

\_\_\_\_\_ Co-Sponsorship

\_\_\_\_\_ Financial Support

\_\_\_\_\_ Participation in Event (volunteers, org promotion table, etc.)

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_

**TIMEFRAME OF PROJECT/REQUEST:**

Project Start Date: \_\_\_\_\_ Prospective End Date of Project: \_\_\_\_\_

Explain dates above, if needed: \_\_\_\_\_

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\_\_\_\_\_

**ORGANIZATION'S HISTORY & KEY HIGHLIGHTS:** Please include the organization's mission statement and other key info for HWL consideration:

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**PROJECT/PROGRAM DESCRIPTION:** Describe the project/program that you are requesting support for, including its history, current status, audience/target markets, any statistics, successes and achievements, as well as challenges in seeking support from other organizations for co-sponsorships and/or funding as applicable.

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**EVALUATION:** Describe how HWL support of this project/program will support HWL's mission.

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**RECOGNITION:** Describe how HWL will be recognized for its support, as appropriate (e.g., logo inclusion on printed materials/website, banner, public relations mention).

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