Fundraising Dinner Sponsorship Reply Form

Enquiries: Ms Amelia Chiang 2549 5123, 9278 9031 Fax: 2559 9458 Em Crossed cheque payable to "**Hong Kong Museum of Medical Sciences** <u>Society</u>" Email: fundraising@hkmms.org.hk Mailing Address: 2 Caine Lane, Mid-Levels, Sheung Wan, Hong Kong

A. Sponsorship

| Types | Amount | Package Included | |
|--|-------------|---|---|
| Title Sponsor | HK\$500,000 | In addition to Emerald Sponsor items: Upgrade to two Gold Tables (each for 12 guests) 1-year free admission for the Donor's company | |
| Emerald Sponsor | HK\$280,000 | In addition to Diamond Sponsor items: Silver Dinner Table upgrade to one Gold Table (for 12 guests) Present the "big" Cheque on stage | |
| Diamond Sponsor | HK\$138,000 | In addition to Platinum Sponsor items: One Silver Dinner Table (for 12 guests) Presentation of recognition plaque to Sponsor on stage | |
| Platinum Sponsor | HK\$68,000 | In addition to Ruby Sponsor items :Logo displayed on the cover of the Programme Book | |
| Ruby Sponsor | HK\$38,000 | Full page advertisement in the Programme BookListed as a sponsor in the Museum website | |
| Advertisement Ad Size: 25 cm (height) x 17 cm (width) File format: JPG & AI file Material deadline: 22 September 2017 Email: fundraising@hkmms.org.hk | | Back Cover Inside Front Page Inside Front Cover Special Page Full Page Half Page | \$32,000 \$25,000 \$22,000 \$18,000 \$14,000 \$8,000 |

B. Donation

| Cash Donation | \$ |
|---------------------|--|
| Donate Auction Item | Item Description Estimated value \$ |

C. Subscribe a table

| Gold Table (s) reserved (\$ 38,000 per table of 12) : | total \$ | | | | |
|---|----------|--|--|--|--|
| Silver Table (s) reserved (\$28,000 per table of 12) : | total \$ | | | | |
| Dinner Seat (s) reserved (\$2,800 per person) : | total \$ | | | | |
| I am unable to attend the Dinner, but I would like to donate the table to the organizer for their charitable use. | | | | | |

Contact Details

| Donor Name: (Prof/Dr/Mr/Mrs | s/ Ms) | Title: | | | | |
|---|--------|------------|--|--|--|--|
| Organization / Company Name: | | | | | | |
| Name to be used in receipt: | | | | | | |
| Contact Person (if different from above): | | | | | | |
| Address: | | | | | | |
| Tel: | Fax: | Email: | | | | |
| Total Amount: HK\$ | | Cheque no: | | | | |
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