

The Federation of Medical Societies of Hong Kong 45th Anniversary
「乘風破浪創明天」關懷失親兒童慈善計劃 - 開展禮暨音樂會
Charity Project for Bereaved Children – Charity Concert and Kick-Off Ceremony

19.9.2010 SUN 7:30-9:30PM
Hong Kong Academy for Performing Arts – Concert Hall

VIP GUEST - REPLY & DONATION FORM

I would like to join the Federation in building the Seed Funds for the Bereaved Children to enable the below series of proposed meaningful projects:

1. A SIMPLE WISH LIST with a capped ceiling amount for each individual child to benefit
2. A SCHOLARSHIP award programme for justified educational purposes
3. RECREATIONAL PROGRAMME jointly organised with sponsors and NGOs, e.g. play therapy, outings & visits to theme parks, museums & CX City
4. PROFESSIONAL ADVICE by colleagues of member societies of Federation as needed
5. One to one MENTORSHIP of child from our volunteers
6. "CHILDREN FOR CHILDREN" activities, to enhance mutual peer support for children in need.

I would like to accept the invitation to join the Charity Concert with TWO VIP TICKETS
(name of my partner: _____)

I wish to Donate as Patron:

| <u>sponsorship</u> | <u>seed funds</u> | <u>you will be acknowledged by receiving</u> |
|-----------------------------------|-------------------|--|
| <input type="checkbox"/> DIAMOND | HK\$ 50,000 | 8 complimentary VIP tickets |
| <input type="checkbox"/> PLATINUM | HK\$ 30,000 | 6 complimentary VIP tickets |
| <input type="checkbox"/> GOLD | HK\$ 10,000 | 4 complimentary VIP tickets |

I wish to Donate by joining the Charity Concert:

| <u>seed funds</u> | <u>you will be acknowledged by receiving</u> |
|---|--|
| HK\$ 1,000 | 1 complimentary VIP tickets |
| HK\$ 500 | 1 complimentary guest ticket |
| <input type="checkbox"/> HK\$ 1,000 x _____ | _____ complimentary VIP tickets |
| <input type="checkbox"/> HK\$ 500 x _____ | _____ complimentary guest tickets |
| TOTAL: HK\$ _____ | |

I wish to place an Advertisement/Compliments in the Charity Concert Programme Book:

| <u>placement position</u> | <u>seed funds</u> | <u>placement position</u> | <u>seed funds</u> |
|---|-------------------|---|-------------------|
| <input type="checkbox"/> OUTSIDE BACK COVER | HK\$ 10,000 | <input type="checkbox"/> FULL PAGE - corporate | HK\$ 5,000 |
| <input type="checkbox"/> INSIDE FRONT COVER | HK\$ 9,000 | <input type="checkbox"/> FULL PAGE - individual | HK\$ 5,000 |
| <input type="checkbox"/> INSIDE BACK COVER | HK\$ 8,000 | <input type="checkbox"/> HALF PAGE - individual | HK\$ 2,000 |

I wish to Donate below seed fund to the Charity Project for Bereaved Children:

HK\$ _____

CONTACT INFORMATION

DONOR NAME (company or individual):

CONTACT PERSON (for company):

TELEPHONE:

MOBILE:

FAX:

EMAIL:

CORRESPONDENCE ADDRESS:

(Any personal data collected will be treated in strict confidentiality and used only for receipt issuance, communications, funds raising and donor survey for the Federation of Medical Societies of Hong Kong and HKFMS Foundation.)

Please send the FORM and CROSSED CHEQUE payable to "The HKFMS Foundation Limited" to
4/F Duke of Windsor Social Service Bldg., 15 Hennessy Rd., Wanchai, Hong Kong.
For enquiries, please call 2527-8898 or email to info@fmshk.org