



SPONSORSHIP FORM

A Night of Hope

Fund Raising Dinner 2017
15th April 2017 (Saturday) - 7.00pm
Grand Ballroom
Equatorial Hotel Melaka

A. YOUR ORGANIZATION / INDIVIDUAL INFORMATION

Organization / Name:	Address:
Contact Person:
Email Address:
Telephone / Fax No:	Website

B. DO BE A MELAKA CANCER SOCIETY SPONSOR

I would like to sponsor the **Persatuan Barah Melaka (Melaka Cancer Society)**:

Business / Individual Sponsorship*

- Platinum @ RM10,000 and above
- Gold @ RM5,000
- Silver @ RM2,500
- Any Other Amount, please indicate **RM**.....

Sponsors commitment due **1st March 2017** for printing purposes.
* A formal recognition on stage of the day of the event for sponsors of **RM20,000 and above**

Please indicate below how you would like your organization/name to appear on print

Thank you, but I would like to remain **ANONYMOUS**

C. *A NIGHT OF HOPE* FUND RAISING DINNER @ MINIMUM RM100 PER PAX

Please reserve *A NIGHT OF HOPE* Fund-Raising Dinner seat(s)/table(s) for us/me

Number of pax _____ @ RM _____

Total Payable : RM _____ (Ringgit Malaysia: _____)



D. ADVERTISING PACKAGE IN THE EVENT SOUVENIR BOOK

- Please reserve the following advertising package for *A NIGHT OF HOPE* Fund-Raising Dinner Souvenir books for our organization:
- Back cover **RM2,000**
 - Front cover inside **RM1,500**
 - Back cover inside **RM1,300**
 - 1 page **RM 800**
 - ½ page **RM 500**

Please email your artwork to: oasismcs@gmail.com by 1st March 2017

E. METHOD OF PAYMENT

- Cash RM _____ (Ringgit Malaysia: _____)
To be handed over to **Melaka Cancer Society** and receive a Temporary Receipt.
The Tax Exempt Receipt will be mailed to you from the Office of Honorary Treasurer within four(4) weeks from date of Temporary Receipt.

- Cheque
1. Number: _____
2. Bank : _____

Payable to **PERSATUAN BARAH MELAKA**.
Please quote at the back of the cheque:

A NIGHT OF HOPE

**Name of Organization / Individual
Address
Telephone Number**

With many thanks.

Tax Exempt Permit No : **JHDN 01 / 35 / 42 / 51 / 179-6.2903**

F. INQUIRIES

Inquiries can be directed to:
Mdm Tan Lee Lee : 013-722 0988
Mdm Marian Lee: 013-720 0988
MCS Office : 06-283 0988

G. PLEASE RETURN FORM TO

**Persatuan Barah Melaka
(Melaka Cancer Society)**
76, Jalan Melaka Raya 25,
Taman Melaka Raya,
75000 Melaka

(Attention : **A Night of Hope 2017**)

WE APPRECIATE YOUR ENDLESS SUPPORT TOWARDS MELAKA CANCER SOCIETY