



# **Pertubuhan Hospis Klang Hospice Klang**

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## **HOSPICE KLANG - CHARITY TREASURE HUNT 2009 – 19<sup>th</sup>. April 2009**

**REPLY FORM**

ref: \_\_\_\_\_

**PHK/TH/09/**  
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The Organising Chairperson  
Pertubuhan Hospis Klang.

*We confirm our support of the above Fund Raising Project.*

### **List of Donations options**

(You may choose one or more, TICK in box your choice/choices)

- Participate** in the TREASURE HUNT (please obtain 'Rules & Entry Form')  
@ RM90 per participant – inclusive Participation Fee & Prize Presentation Dinner.
- Participation Form will be sent on request
- MAIN SPONSOR Event** - RM10,000 (Ten Thousand)
- CO-SPONSOR** - RM 5,000 (Five Thousand)

**Advertisement in Souvenir Programme** (Closing Date for Adverts – 25<sup>th</sup>. March 2009)

- |                                  |   |                             |
|----------------------------------|---|-----------------------------|
| <b><u>FULL Page – COLOUR</u></b> | <input type="checkbox"/> Back Outside Cover | RM3,000 (Three Thousand)    |
|                                  | <input type="checkbox"/> Inside Front Cover | RM2,000 (Two Thousand)      |
|                                  | <input type="checkbox"/> Back Inside Cover  | RM2,000 (Two Thousand)      |
|                                  | <input type="checkbox"/> Other Full page    | RM800 (Eight Hundred)       |
| <b><u>BLACK &amp; WHITE</u></b>  | <input type="checkbox"/> Full Page          | RM500 (Five Hundred)        |
|                                  | <input type="checkbox"/> Half Page          | RM300 (Three Hundred)       |
|                                  | <input type="checkbox"/> Quarter Page       | RM150 (One Hundred & Fifty) |

**Sponsor Prizes** for the Treasure Hunt Event

- Prizes for the events

**DONATIONS** (*Donations made are Tax Exempted*)

- Donate in cash RM \_\_\_\_\_

Name/Company : \_\_\_\_\_

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

Tel: \_\_\_\_\_ Contact person: \_\_\_\_\_

We enclose Cheque No. \_\_\_\_\_ for RM \_\_\_\_\_, being full payment.  
(All payment should be crossed and made payable to 'HOSPICE KLANG')

\_\_\_\_\_  
Signature & Company Stamp

Name: \_\_\_\_\_

Date: \_\_\_\_\_