

粉紅 Rhyme  
Pink  
曲星

慈善夜

阮兆輝

尹光

鄭詠梅

鄧美玲

衛駿輝

陳詠儀

李秋元

王志良

黃成彬

美峯

李後主之私會

合兵破曹

打金枝

風流天子

大鬧廣昌隆之客店訴冤

玉湖泛舟

門券收益及所有捐款將撥捐  
香港遺傳性乳癌家族資料庫



聯合主辦

沙田大會堂演奏廳

2025年5月30日(星期五) 7:00pm

劉道軒小朋友  
鳳閣恩仇未了情



郭嘉怡小朋友  
鳳閣恩仇未了情

龍玉聲  
司儀



宣傳短片

主辦機構保留更改節目及演出者之權利

行政：岑建明 陳佩華 節目統籌：陳道全 策劃：丁翠怡老師 舞台監督：高文謙 西樂領導：駱慶兒 擊樂領導：麥嘉威  
海報設計：韋基廣告 字幕：友字幕 舞台設計：敬業舞台 大會攝影：王梓靜 郭益貞 大會錄影：關瑋漢 廣告宣傳：仲尼



# Pink Concert Donation Form



HONG KONG HEREDITARY  
BREAST CANCER FAMILY REGISTRY  
香港遺傳性乳癌家族資料庫



Completed form with donation shall be sent by post to Hong Kong Hereditary Breast Cancer Family Registry, 6/F, 3 Tung Wong Road, Shau Kei Wan, Hong Kong or email to [general@asiabreastregistry.com](mailto:general@asiabreastregistry.com) on or before **Friday, 2 May, 2025**.

Inquiries : **2917 5680**

**Event Sponsor :**

Please indicate your preference by marking the appropriate box with a check (✓).

	<input type="checkbox"/> Title Sponsor (\$120,000)	<input type="checkbox"/> Pink Sponsor (\$80,000)	<input type="checkbox"/> Diamond Sponsor (\$40,000)	<input type="checkbox"/> Gold Sponsor (\$20,000)	<input type="checkbox"/> Silver Sponsor (\$10,000)
Opening remark	✓	—	—	—	—
Cheque presentation	✓	✓	—	—	—
Souvenir presentation	✓	✓	✓	—	—
Photo on stage	✓	✓	✓	✓	—
Verbal Mentioning	✓	✓	✓	✓	✓
Advertisement on booklet	Back Cover	Inside Front / Inside Back	Double Spread Page	Full Page	—
Company name/logo on booklet	✓	✓	✓	✓	✓
Company name/logo on event backdrop	✓	✓	✓	✓	—
Ticket received	12	8	6	4	2

**Donation \$3,000 for 1 piece of ticket**

**Purchase of ticket** \$600 \_\_\_\_\_ pcs \$400 \_\_\_\_\_ pcs \$200 \_\_\_\_\_ pcs

**Program Book Advertisement** A donation of **HK\$3,000** will entitle you to a full-page advertisement.  
 •Size: 148mm (W) x 210mm (H) •Bleed Size: 154mm (W) x 216mm (H) •Resolution: Must be 300 dpi or higher  
 Please send your advertisement to our email at [general@asiabreastregistry.com](mailto:general@asiabreastregistry.com) by **May 2, 2025**.

With the Compliments of \_\_\_\_\_

**Donation** I/My Company would like to support the event by donating \$ \_\_\_\_\_

**Sponsor Information** \*Mandatory Fields (Please cross out as appropriate)

Donor Name (Mr/Mrs/Ms/Miss/Dr\*): \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Contact Person (Mr/Mrs/Ms/Miss): \_\_\_\_\_ Position: \_\_\_\_\_

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

Tel No.\* : \_\_\_\_\_ E-mail\* : \_\_\_\_\_

Name on receipt : \_\_\_\_\_

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

**Donation Methods**

**Crossed Cheque :**  
 Issuing Bank: \_\_\_\_\_ Cheque No. : \_\_\_\_\_  
 The cheque should be made payable to “ **Hong Kong Hereditary Breast Cancer Family Registry Limited** ”

**Direct Transfer (HKD):**  
 Account Name: Hong Kong Hereditary Breast Cancer Family Registry Limited  
**The Bank of East Asia Ltd (SSA) : 015-514-68-01303-8**

**FPS (HKD): 107313660**  
 Account Name: HK Hereditary Breast Cancer Family Reg L

**Credit Card:**  
 Visa  MasterCard  JCB  UnionPay (Please tick as appropriate )

Cardholder's Name : \_\_\_\_\_

Card No. : \_\_\_\_\_ Expiry Date : \_\_\_\_\_

Cardholder's Signature : \_\_\_\_\_ Date : \_\_\_\_\_