

SAM Children's Day @ The Movie

Here's how you can be a part of this activity.

Title Donor (Major Contributor): MMK 10 Million

Support the event by sponsoring the following:

1. Venue
2. Gifts for children
3. Snacks, Sweets and Refreshments

In Return:

1. We will include your Company Logo on event Backdrops, T-shirts, Tote Bag and all our Social Media Platforms
2. Opportunity to be present and interact with the children on event day.

Corporate Donor

- T-Shirt Donor: MMK 4,000,000
- Transportation Sponsorship: MMK 3,000,000
- Tote Bag Donor: MMK 2,500,000
- Photography & Videography Sponsorship: MMK 1,500,000

In Return:

1. We will include your Company Logo on event Backdrops and all our Social Media Platforms
2. Opportunity to be present and interact with the children on event day.
3. Opportunity to include your Company Logo in your Sponsored Items

Individual Donor

By donating MMK 40,000, you can sponsor 1 child to enjoy this magical experience

For cash and other forms of donations, please contact us at

samprogrammanager@sam.com.mm or +959 970 041 545

Confirmation Slip

I/We would like to confirm (Kindly Tick Box)

Package:

- ☐ Title Donor (Major Contributor): MMK 10 Million
- ☐ T-Shirt Donor: MMK 4,000,000
- ☐ Transportation Sponsorship: MMK 3,000,000
- ☐ Tote Bag Donor: MMK 2,500,000
- ☐ Photography & Videography Sponsorship: MMK 1,500,000
- ☐ Individual Donor: MMK 40,000 per child (Please specify the number of children: _____)
- ☐ Other In-kind Contributions _____

I/We have credited/transferred the amount of MMK _____ to _____ BANK.

A copy of the deposit slip with Company / Individual name is attached.

1) KBZ Bank

KBZ Bank: 15450115400265801 (MMK)

Beneficiary Name: Chung Wai Mun Melvyn

Bank Address: No (278/B), U WiZaRya St, Kamayut Tsp, Yangon (UWIZARYA LANE - 1)

Bank SWIFT Code: KBZBMMMY

2) AYA Bank: 10003677832

Beneficiary Name: Melvyn Chung

Bank Address: No- (40-A/B), Ground Floor, Mapo Street, Sanchaung Tsp, Yangon Division [YGN-33 (San Chaung 2 - Mapo St)]

All payments to be made on or before Friday, 2 April 2024.

Name: _____

Ph No: _____

Designation: _____

Email: _____

Company: _____

Company Stamp,
Authorized Signature & Date

Please submit your completed form or any query to admin@sam.com.mm and CC to samprogrammanger@sam.com.mm or +959 978 708 031