

Received on		Receipt / TYL sent on	
Received no	R	Donation A/C name	FTW/ DM
Receipt Issued on		Amount (HK\$)	

本人樂意捐款如下：

(請在適當空格內加上“✓”或*刪去不適用者)

- 單次捐助 HK\$2,400 HK\$1,000 HK\$800 HK\$500 HK\$_____
- 每月定額捐款 HK\$1,000 HK\$800 HK\$500 HK\$300 HK\$_____
- 增加現時的每月捐款

現時的每月定期捐款額	HK\$	+ 增加金額	HK\$	新的每月定期捐款額	HK\$
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捐款方法

- 支票 支票號碼：_____ (只適用於一次性捐款。劃線支票抬頭「東華三院」，請連同此填妥之表格寄回本院，以便發出捐款收據。)
- 信用卡 (適用於每月定額捐款及一次性捐款) VISA MASTERCARD
- 信用卡號碼：_____ - _____ - _____ 有效日期：____月/____年
- 持卡人姓名：_____ 持卡人簽名：_____

- 簽名必須與閣下(等)之戶口簽名完全相同，表格上如有任何塗改，請在旁簽署。
- 本人現授權東華三院由本人之信用卡賬戶內定期扣除上述之款項，直至另行通知為止。本人同意此授權書於本人之信用卡有效期後及獲續發新卡時繼續生效，並無須另行填寫通知書。如須要取消或更改本授權書，請於取消或更改生效日期7個工作天前以書面通知東華三院。

- 銀行戶口每月自動轉賬授權書 (只適用於每月定額捐款。只接受正本，表格上如有任何塗改，請在旁邊簽署)

收款之一方(受益人) Name of Party to be credited (The Beneficiary)	銀行編號 Bank No.	分行編號 Branch No	收款賬戶之號碼 Account No. of Party
東華三院 TUNG WAH GROUP OF HOSPITALS	0 0 4	0 0 2	2 5 0 5 5 3 0 0 1
本人/吾等之銀行及分行之名稱 My/Our Bank Name and Branch	銀行編號 Bank No.	分行編號 Branch No	本人/吾等之賬戶號碼 My/Our Account No.
本人/吾等在結單/存摺上所紀錄之英文名稱 My/Our Name as recorded on Statement/Passbook	開戶時之身份證號碼 My / Our Hong Kong Identity Card No.		
本人/吾等之簽名 My / Our Signature(s)	簽名必須與閣下(吾等)之戶口簽名完全相同 Same as the signature(s) of your bank account		
<p>1. 本人/吾等現授權本人/吾等之上述銀行(根據受益人不時給予本人/吾等銀行之指示)，自本人/吾等之賬戶內轉賬予上述受益人。I/We hereby authorize my/our above named Bank to effect transfer from my/our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary from time to time. 2. 本人/吾等同意本人/吾等之銀行無須證實該等轉賬通知是否已交予本人/吾等。I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us. 3. 如因該轉賬而令本人/吾等之賬戶出現透支(或令現時之透支增加)，本人/吾等願共同及個別承擔全部責任。I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s). 4. 本人/吾等同意本人/吾等之賬戶並無足夠款項支付該等授權轉賬，本人/吾等之銀行有權不予轉賬，且銀行可收取慣常之費用。I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to affect such transfer in which event the Bank may make the usual charge. 5. 本人/吾等同意，本人/吾等取消或更改本授權書之任何通知，須於取消/更改生效日最少兩個工作天前交予本人/吾等之銀行，並同時通知上述受益人。I/We agree that any notice of cancellation or variation of this authorization which I/we may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect and at the same time such notice shall be given to the beneficiary. 6. 本人(等)確認本人(等)在此表格上的簽署與本人(等)用以轉賬的戶口的簽署相同。本直接付款授權書將繼續生效直至通知為止或會通知東華三院任何銀行戶口的變更或取消收費方式。We confirm my/our signature(s) on this form is/are the same as the signature(s) of my/our Bank account given above. Until further notice, I/We hereby authorize Tung Wah Group of Hospitals to initiate and the Bank named above to process debits to my/our account from time to time.</p>			

捐款者資料

善長芳名：_____ *先生/女士/太太/小姐/公司/團體

電 郵：_____ 聯絡電話：_____

通訊地址：_____ 請經電郵提供東華三院最新消息

捐款收據及鳴謝安排

- 捐款收據芳名：_____ (如與善長不同) 每年累積捐款港幣\$10,000或以上，將於本院年報刊印是項捐助：
- 為節省行政開支，我不需要捐款收據。 鳴謝稱謂：_____ (如與善長不同)
- 無需安排鳴謝

東華三院(「本院」)會按照《個人資料(私隱)條例》的規定處理及儲存您的個人資料，絕不會向第三方出售及/或提供您的個人資料。本院擬使用您的個人資料(姓名、地址、電話、電郵及傳真)以作日後聯絡、籌款、宣傳活動/訓練課程或收集意見等推廣用途。未經您的同意，本院不會將您的個人資料用於上述用途。如您不同意，請在以下空格內加上「✓」號。您有權隨時向本院查詢、更改或要求停止使用您的個人資料作上述推廣用途，費用全免，請於辦公時間致電 1878 333。

The Tung Wah Group of Hospitals ("TWGHs") shall comply with the Personal Data (Privacy) Ordinance in handling and keeping your personal data. TWGHs will not sell and/or provide your personal data to any third party. TWGHs intends to use your personal data (name, address, telephone no., email and fax no.) for future correspondences, fund-raising appeals, promotional activities, training courses, conducting survey, or other related promotional purposes. TWGHs will not use your personal data for the above purposes unless you give your consent. If you do not agree to the use of your personal data for the above purposes, please indicate by putting a tick in the box below. You have the right to access, correct and request TWGHs to stop using your personal data for the above purposes at any time and at no charge by calling 1878 333 during office hours.

本人反對東華三院使用我的個人資料作上述推廣用途。I object to the use of my personal data by TWGHs for the above promotional purposes.

本人已閱讀，了解及接納東華三院有關收集、使用及提供個人資料的通知

I have read, understood and accepted the statement regarding the collection, use and provision of personal data by TWGHs.

簽署 Signature：_____ 日期 Date：_____

請將填妥之捐款表格於 2019 年 3 月 31 日前寄交上環普仁街 12 號東華三院籌募科。

查詢電話：1878 333

傳真：2559 6835 電郵：ftw@tungwah.org.hk