



滿東華

免費醫療服務捐助計劃捐助表格

TWGHs Free Medical Donation Scheme Donation Form

如蒙支持善舉，請於2024年8月16日(星期五)前將填妥的捐助表格及捐款寄交上環普仁街12號東華三院籌募科或傳真至2559 6835。
Completed form with donation shall be sent by post to Fund-raising Division, Tung Wah Group of Hospitals, 12 Po Yan Street, Sheung Wan or fax to 2559 6835 on or before Friday, 16 August 2024.

本人/機構樂意支持是次活動，並擬

I am/We are pleased to support the captioned scheme by

☐ 出任大會贊助人 Signing up as Patron(請在適當方格內填上「✓」號或*刪去不適用者)
(Please tick the relevant box(es) or *delete where appropriate)

| 贊助人(捐款額) Patronage (Donation HK\$) | 於東華醫院及東華東院 之善長金榜銘誌芳名 To be Named on Donation Plate at Tung Wah Hospital & Tung Wah Eastern Hospital | 獲邀出席 慈善晚會 To be invited to Charity Dinner Show | 場刊刊登 公司徽號/芳名* [^] Company logo/name to be acknowledged in Souvenir Programme* [^] | 獲致送 場刊廣告 Complimentary Advertisement in Souvenir Programme | 於晚會儀式上 獲致送紀念品 To receive souvenir in the Ceremony at Charity Dinner Show | 活動新聞稿及 年刊鳴謝 Acknowledgement in Press Release and Annual Report |
|---|---|--|---|--|--|--|
| <input type="checkbox"/> 永久榮譽贊助人 Permanent Honourable Patron (HK\$500,000) | 永久題名 Permanent | 2席Tables 20位Seats | ✓ | 2頁 Pages | 代表姓名： Representative Name： | |
| <input type="checkbox"/> 榮譽贊助人 Honourable Patron (HK\$300,000) | 題名5年 Named for 5 years | 2席Tables 20位Seats | ✓ | 2頁 Pages | | |
| <input type="checkbox"/> 鑽石贊助人 Diamond Patron (HK\$120,000) | 題名1年 Named for 1 year | 1席Tables 10位Seats | ✓ | 1頁 Page | 職銜： Title： | ✓ |
| <input type="checkbox"/> 金贊助人 Gold Patron (HK\$80,000) | 題名1年 Named for 1 year | 1席Tables 10位Seats | ✓ | 1頁 Page | | |
| <input type="checkbox"/> 銀贊助人 Silver Patron (HK\$50,000) | 題名1年 Named for 1 year | 1席Tables 10位Seats | ✓ | 1頁 Page | | |
| <input type="checkbox"/> 餐席贊助人 Table Patron (HK\$38,000) | — | 1席Tables 10位Seats | 公司名稱/芳名 Company name/ List of Name | — | — | 年刊鳴謝 Annual Report Only |

[^] 餐席位置與鳴謝排序，將按贊助金額編排 Arrangement of the dinner table and acknowledgements are in accordance with the donation amount.

由於各項印刷品安排需時，如本院於所註明限期後方收到善長回覆擔任節目贊助，請恕或未能安排相關鳴謝

TWGHs may not be able to offer the aforesaid acknowledgements if the sponsorship is received after the deadline

☐ 無須於善長金榜 / 場刊 / 活動新聞稿 / 年刊* 刊登是項贊助鳴謝

No acknowledgement on donation plate / souvenir programme / event press release / annual report* is required

☐ 場刊廣告 Advertisement in Souvenir Programme

(捐款HK\$10,000可獲刊登一頁全頁彩色廣告；尺寸：260mm(H) x 180mm(W)；5mm出血位；解像度須為300dpi或以上)

(Donation of HK\$10,000 for one full page color advertisement; Size: 260mm(H) x 180mm(W), 5mm bleeding, with 300dpi resolution)

☐ 自備稿件 (請將ai或pdf格式之廣告檔電郵至frdfu3@tungwah.org.hk) Please send the advertisement in ai/pdf format to frdfu3@tungwah.org.hk☐ 請刊登 Please state: With the Compliments of _____ 致意☐ 惠捐善款 General Donation

每捐助HK\$6,000可讓120名貧病者接受免費普通科門診服務或支付50天病床費用。

Every HK\$6,000 donation would support 120 needy to receive general outpatient services for free or to provide 1-day free bed for 50 patients.

☐ HK\$60,000 ☐ HK\$40,000 ☐ HK\$20,000 ☐ HK\$10,000 ☐ HK\$6,000 ☐ HK\$ _____☐ 成為「杏林之友」 每月定額捐款以支持東華三院醫療服務

Join the 'Medical Services Monthly Donation Scheme' to make a monthly donation in support of the medical services of TWGHs

每月捐款金額 Monthly Donation Amount ☐ HK\$1,000 ☐ HK\$800 ☐ HK\$500 ☐ HK\$300 ☐ HK\$ _____

捐款方法 Donation Method

☐ 支票 By Cheque 劃線支票抬頭請填寫「東華三院」 Please mark your crossed cheque payable to "Tung Wah Group of Hospitals"

銀行 Bank: _____ 支票號碼 Cheque No.: _____

☐ 信用卡 By Credit Card

(適用於是次活動捐款及「杏林之友」每月定額捐款；信用卡捐款可傳真至2559 6835，傳真後無須再寄交此表格，以免重複扣除捐款。)
(For general donation of the event and 'Medical Services Monthly Donation Scheme'; Credit card donation can be made by faxing this form to 2559 6835.
To avoid duplication, please do not post this form after fax.)

☐ VISA ☐ 萬事達卡 MasterCard

信用卡號碼

Credit Card no.: _____

有效日期

Expiry Date: _____ 月 MM/ _____ 年 YY

持卡人姓名

Name of Cardholder: _____

持卡人簽署

Signature of Cardholder: _____

☐ 銀行 Via Banks 請將存款收據正本連同此表格寄回本院，以便發出捐款收據。

Please send us the **original** pay-in-slip together with this form to TWGHs by post for a donation receipt.

| | | | |
|--|---|--|---------------------------------------|
| 中國銀行(香港) Bank of China (HK) 012-875-0-024935-9 | 交通銀行香港分行 Bank of Communications (HK Branch) 027-537-930-76188 | 東亞銀行 Bank of East Asia 015-514-40-33666-1 | 花旗銀行 Citibank 006-391-085-55346 |
| 恒生銀行 Hang Seng Bank 024-280-402660-001 | 滙豐銀行 HSBC 004-502-301302-001 | 渣打銀行 Standard Chartered Bank 003-416-1-000171-8 | |

☐ 自動轉帳 Autopay

(只適用於「杏林之友」每月定額捐款) 自動轉帳授權書將於稍後寄予閣下，無須手續費。 For 'Medical Services Monthly Donation Scheme' monthly donation only. An Autopay (Direct Debit) Authorization Form will be sent by post and no handling fee will be charged.

善長資料 Donor Information

善長芳名 Name of Donor: _____ 先生/女士/太太/小姐/公司/團體*
Mr./Ms./Mrs./Miss/Company/Group*

聯絡人 Contact person: _____ 先生/女士/太太/小姐*
Mr./Ms./Mrs./Miss*

聯絡電話 Tel. no.: _____ 電郵 E-mail: _____

地址 Address: _____

場刊/金榜鳴謝稱謂 Name for Acknowledgement: _____ 先生/女士/太太/小姐/公司/團體*
Mr./Ms./Mrs./Miss/Company/Group*

(如與善長芳名不同 If different from the donor name)

☐ 無須安排鳴謝 No acknowledgement is required.

捐款收據 Donation Receipt

☐ 請提供捐款收據註3 Please provide donation receipt ³

收據芳名 Name on Receipt: _____ 先生/女士/太太/小姐/公司/團體*
Mr./Ms./Mrs./Miss/Company/Group*

(如與善長芳名不同 If different from the donor name)

☐ 為幫助東華三院節省行政開支，無須安排捐款收據。 To save the administrative cost of TWGHs, donation receipt is not required.

個人資料保障承諾 Our Promise to Protect Your Personal Data

東華三院籌募科（「本科」）遵循《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您的個人資料。本科擬使用您的個人資料（姓名及聯絡方式）以處理您的捐款指示，並用作日後聯絡、籌募呼籲、宣傳活動、機構通訊或收集意見等推廣用途。未經您的同意，本科不會將您的個人資料用於上述用途。如您不願意接收以上資訊，請在以下空格內加上「✓」號。您有權隨時向本科查詢、更改或要求停止使用您的個人資料，費用全免，請於辦公時間致電1878 333。

TWGHs Fund-raising Division ("the Division") shall comply with the Personal Data (Privacy) Ordinance in handling and keeping your personal data. TWGHs will not sell your personal data to any third party. The Division intends to use your personal data (name and contact details) for handling your donation instruction, and promotional purposes including future correspondences, fund-raising appeals, promotional activities, corporate communications or conducting survey. The Division will not use your personal data for the above purposes unless we have received your consent. If you do not wish to receive these materials, please indicate by putting a tick in the box(es) below. You have the right to access, amend and request the Division to stop using your personal data for the above purposes at any time and at no charge by calling 1878 333 during office hours.

本人不願意透過 I do not wish to use ☐ 郵寄 Post ☐ 電郵 Email ☐ 電話 Phone ☐ 傳真 Fax 接收東華三院之推廣資訊 to receive TWGHs promotional materials

☐ 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: _____

附註 Remarks:

- 捐款港幣HK\$10,000或以上，東華三院年報鳴謝將按善長提供之資料刊登。
Generous donations for HK\$10,000 or more will be acknowledged in TWGHs Annual Report and the name will be the same as "Name of Donor/Company".
- 如將右方「簡便回郵」標籤剪下及貼在空白信封上投寄，則無須貼上郵票。
By adhering the freepost label at the right on envelope, no postage is required.
- 捐助東華三院滿 HK\$100的善款可申請免稅。
Donation of HK\$100 or above to TWGHs is tax deductible.
- 如有查詢，請致電1878 333或2859 7594予本院籌募科。
For details, please contact the Fund-raising Division of TWGHs at 1878 333 or 2859 7594.

| 東華三院專用 For TWGHs use | | | |
|----------------------|-------|---------------------|--|
| Donation A/C name | FMSDS | Received on | |
| Receipt no. | R | Receipt issued on | |
| Amount (HK\$) | | Receipt/TYL sent on | |

東華三院簡便回郵10號GPO
Tung Wah Group of Hospitals Freepost No.10 GPO

FMSDS