

我樂意支持上述籌募活動，與東華三院一起支援讀寫障礙學生（請在所選項目的空格內加上「✓」；並在註「*」該處刪去不適用者）：
I would like to join the above event to help dyslexic students with Tung Wah (Please tick the appropriate box(es) and "*" delete if inappropriate):

捐助資料 DONATION INFORMATION

(I) 樂捐善款以出任大會贊助人 As Sponsor

贊助人類別 Sponsorship	捐款額 Amount	鳴謝安排 Acknowledgement arrangements					
		樂意派隊參加堆沙比賽 (請填寫參賽隊伍資料) To send teams to participate in the sand-sculpting competition (Please fill in the particulars of participating teams)	樂意於開幕儀式上 接受紀念品 To receive a souvenir at the Kick-off ceremony	同意於宣傳 刊物鳴謝是 項捐助 To be acknowledged in publicity materials	同意於場地佈置上鳴謝是項捐助 (請填寫(III)項的廣告內容) To be acknowledged on event decorations (Please complete the "Content" in item (III))		
<input type="checkbox"/> 冠名贊助人# Title Sponsor#	\$300,000 或以上 or above	<input type="checkbox"/> 3 隊 (每隊 6-7人) 3 teams (6-7 persons/team)	<input type="checkbox"/> 代表 Representative :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3塊 3 boards	<input type="checkbox"/> 3組 3 sets
<input type="checkbox"/> 鑽石贊助人 Diamond Sponsor	\$100,000 或以上 or above	<input type="checkbox"/> 3 隊 (每隊 6-7人) 3 teams (6-7 persons/team)	<input type="checkbox"/> 代表 Representative :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3塊 3 boards	<input type="checkbox"/> 3組 3 sets
<input type="checkbox"/> 金贊助人 Gold Sponsor	\$68,000 或以上 or above	<input type="checkbox"/> 2 隊 (每隊 6-7人) 2 teams (6-7 persons/team)	<input type="checkbox"/> 代表 Representative :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2塊 2 boards	<input type="checkbox"/> 2組 2 sets
<input type="checkbox"/> 銀贊助人 Silver Sponsor	\$38,000 或以上 or above	<input type="checkbox"/> 1 隊 (每隊 6-7人) 1 team (6-7 persons/team)	<input type="checkbox"/> 代表 Representative :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1塊 1 board	<input type="checkbox"/> 1組 1 set

以 _____ 冠名活動 To name the event after _____

▲ 隊伍將撥入「工商及贊助機構組」作賽 To join the competition in the category of "Corporate & Sponsor"

(II) 參加堆沙比賽 Enrolment in sand-sculpting competition

(請填寫參賽隊伍資料 Please fill in the particulars of participating teams)

參賽組別 Category	參賽資格 Eligibility	每隊最低捐款額 Minimum donation	每隊人數 Number of players per team	同意於宣傳刊物及比賽圍旗鳴謝是項捐助 To be acknowledged in publicity materials & on pennants for competition
<input type="checkbox"/> 工商及贊助機構組 Corporate & Sponsor	任何工商及公共機構均可 Applicable for corporate enterprises & public organizations	\$28,000	6-7	<input type="checkbox"/> 請填寫(III)項的廣告內容 Please complete the "Content" in item (III)
<input type="checkbox"/> 團體組 Team	參賽者不限年齡及性別 No limit for age & gender	\$2,000	4-5	
<input type="checkbox"/> 家庭組 Family	其中一名家庭成員為18歲或以下青年 One family member should be aged 18 or below	\$800	3-4	

(III) 刊登廣告 Donation for advertisement

類別 Type	捐款額 Donation amount	面積 Sizes	廣告內容 Content
<input type="checkbox"/> 廣告板 Advertisement board	\$20,000 (每塊兩面 / 2 sides for each board)	4.5m (L) x 0.9m (H) (每面 / each side)	<input type="checkbox"/> 請展示以下名稱 Please show the following name : _____
<input type="checkbox"/> 比賽圍旗 Pennants for competition	\$10,000 (每組呈方形 / square shape for each set)	3m (L) x 3m (W) (每組 / each set)	<input type="checkbox"/> 請展示附上的公司商標 (ai 或 jpg 格式) Please display the enclosed logo (ai or jpg format)

(IV) 惠捐善款 General donation

本人/公司未暇參與，但樂捐善款 _____ 元正，支持東華三院為讀寫障礙學生提供支援服務。

I/We will not join the above event but would like to donate \$ _____ in support of Tung Wah's raising funds for provision of support services for dyslexic students.

參賽隊伍資料 PARTICULARS OF PARTICIPATING TEAMS

隊伍(A)名稱
Name of team (A) _____

比賽題目
Topic _____

隊員姓名 Name of player (請用正楷填寫以便發給感謝狀) (Please write clearly for issuance of thank-you certificate)	交通安排 Transportation #	
	往 To	返 From
(1) _____ (隊長 Team leader)	<input type="checkbox"/>	<input type="checkbox"/>
聯絡電話 Contact no: _____		
(2)	<input type="checkbox"/>	<input type="checkbox"/>
(3)	<input type="checkbox"/>	<input type="checkbox"/>
(4)	<input type="checkbox"/>	<input type="checkbox"/>
(5)	<input type="checkbox"/>	<input type="checkbox"/>
(6)	<input type="checkbox"/>	<input type="checkbox"/>
(7)	<input type="checkbox"/>	<input type="checkbox"/>

隊伍(B)名稱
Name of team (B) _____

比賽題目
Topic _____

隊員姓名 Name of player (請用正楷填寫以便發給感謝狀) (Please write clearly for issuance of thank-you certificate)	交通安排 Transportation #	
	往 To	返 From
(1) _____ (隊長 Team leader)	<input type="checkbox"/>	<input type="checkbox"/>
聯絡電話 Contact no: _____		
(2)	<input type="checkbox"/>	<input type="checkbox"/>
(3)	<input type="checkbox"/>	<input type="checkbox"/>
(4)	<input type="checkbox"/>	<input type="checkbox"/>
(5)	<input type="checkbox"/>	<input type="checkbox"/>
(6)	<input type="checkbox"/>	<input type="checkbox"/>
(7)	<input type="checkbox"/>	<input type="checkbox"/>

隊伍(C)名稱
Name of team (C) _____

比賽題目
Topic _____

隊員姓名 Name of player (請用正楷填寫以便發給感謝狀) (Please write clearly for issuance of thank-you certificate)	交通安排 Transportation #	
	往 To	返 From
(1) _____ (隊長 Team leader)	<input type="checkbox"/>	<input type="checkbox"/>
聯絡電話 Contact no: _____		
(2)	<input type="checkbox"/>	<input type="checkbox"/>
(3)	<input type="checkbox"/>	<input type="checkbox"/>
(4)	<input type="checkbox"/>	<input type="checkbox"/>
(5)	<input type="checkbox"/>	<input type="checkbox"/>
(6)	<input type="checkbox"/>	<input type="checkbox"/>
(7)	<input type="checkbox"/>	<input type="checkbox"/>

由於座位有限，專車只供參賽隊伍。如無指示是否需要專車將視作自行安排交通往返場地。
Free shuttle-bus service is available for teams only in view of limited seats. It will be treated that player will use self-arranged transport to and from the venue if no indication.

(1) 支票捐款 Donation by cheque

劃線支票抬頭請寫「東華三院」，並連同此表格寄回本院，以便發出捐款收據。

Please make your crossed cheque payable to "Tung Wah Group of Hospitals" and mail to us with this completed form for a donation receipt.

支票號碼 Cheque no. : _____

(2) 銀行捐款 Donation through 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 mail us the **original** pay-in-slip together with this completed form for a donation receipt.

- 滙豐銀行 HSBC
A/C no. 004-502-301302-001
- 恒生銀行 Hang Seng Bank
A/C no. 024-280-402660-001
- 交通銀行香港分行
Bank of Communications Hong Kong Branch
A/C no. 027-537-930-76188

(3) 信用卡捐款 Payment by credit card

信用卡捐款可傳真至2559 6835。
Credit card donation can be made by faxing this form to 2559 6835.

VISA卡 VISA 萬事達卡 MasterCard

信用卡號碼
Card number _____

信用卡有效期至
Card valid until _____ 月MM _____ 年YY

持卡人姓名
Cardholder's name _____ 先生/女士* Mr./Ms.*

持卡人簽署
Signature of cardholder _____

東華三院專用

Received on		Receipt issued on	
Receipt no.	R	Receipt/TYL sent on	
Donation A/C name	CSSC	Amount (HK\$)	

(4) 善長資料 Donor's information

捐款善長及鳴謝芳名
Donor's name for acknowledgement arrangements
_____ 先生/女士* Mr./Ms.*

捐款收據芳名(如與捐款善長不同)
Name on receipt (if different from donor's name)
_____ 先生/女士* Mr./Ms.*

地址 Address

聯絡人 Contact person _____ 先生/女士* Mr./Ms.*

電話 Tel. _____ (日間 Daytime)

傳真 Fax _____

電郵地址 E-mail address _____

出生日期 Birth date _____ 日DD _____ 月MM

日期 Date _____ 簽署 Signature _____

善長留言 Donor's message

報名及捐款須知 Notes for registration & donation :

- 如蒙支持善舉，請於**2010年10月22日前**將填妥的捐助表格及捐款寄交本院。請將左頁的「簡便回郵」標籤剪下及貼在空白信封上投寄，無須貼上郵票。您亦可先將表格傳真至本院(號碼：2559 6835)。Please complete and return this form together with the donation to us **before 22/10/2010**. Please cut the freepost label at the left, adhere it to a blank envelope and mail it. No postage is required. You may either fax the form to 2559 6835 in advance.
- 捐助東華三院滿 \$100 的善款可獲政府免稅。Donation of \$100 or more to Tung Wah is tax deductible.
- 由於隊伍名額有限，建議善長先將參賽及捐助表格和最低捐款額交回本院，隨後才將贊助表格連同善款寄交本院。
In view of limited quota for team participation, you are advised to first return the Enrolment & Donation Reply Form with the minimum donation amount to Tung Wah, and then return the Sponsorship Form with the donations solicited later.
- 本院將於11月中旬通知各隊伍有關活動詳情及比賽規則。Detailed information on the activity and game rules will be sent to respective teams in mid 11/2010.
- 如因天氣惡劣或在任何情況下取消此活動，已遞交的善款將**不會**退回，敬請見諒。Donation will **not** be refunded should the event be cancelled due to bad weather or under any other circumstances.
- 本院將保留錄取參賽隊伍及活動安排的最終決定權。Tung Wah reserves the right of final acceptance of enrolment applications and to change the event arrangements without prior notice.
- 欲詢詳情，請致電1878 333 或 2859 7535 予本院籌募科。For enquiry, please call the Fund-raising Division at 1878 333 or 2859 7535.
- 您向本院提供的個人資料只限作籌募活動及寄回捐款收據之用。若您不願意繼續收取東華三院的籌募活動資料，請書面通知本院，無須繳付任何費用。Your personal data will be used for receipting and fund-raising purposes only. If you do not wish to receive future mailings from Tung Wah Group of Hospitals, please advise us in writing. No handling fee will be charged.

隊伍名稱 Name of team : _____

隊長 Team leader : _____ 先生/女士* Mr./Ms.*

聯絡電話 Tel : _____ (日間 Daytime)

贊助人芳名 Donor's name	地址 Address	如需 捐款收據 if receipt required	捐款額(\$) Donation amount(\$)
		<input type="checkbox"/>	
		<input type="checkbox"/>	
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		<input type="checkbox"/>	
		<input type="checkbox"/>	
總數 Total:			

附註 Remarks :

- 歡迎隊伍呼籲友好贊助他們參賽，這筆款項可列入參賽捐款內以角逐「最高籌款獎」，獲取豐富獎品。善款截止計算日期為**11月19日(星期五)下午5時**，以全隊籌得的總善款計算。Teams are encouraged to solicit donations from their relatives and friends in order to compete for the "Top Fund-raising Award". **Donations will be received until 5:00 pm on 19/11/2010 and the total amount of donations raised by the whole team is counted.**
- 請隊長統籌收集捐款後連同贊助人名單一次過交回本院。請各贊助人清楚填寫芳名及地址以便本院寄發捐款收據。如無地址，本院會將收據轉交隊長代為分發。Team leader is advised to collect all the donations and send them together with sponsor list to Tung Wah at one time. Please write the donors' names and addresses clearly for issuance of donation receipts to respective donors. If there is no address, we will forward the receipt to the team leader for distribution.
- 如填寫地方不敷應用，隊伍可將表格自行影印。Please photocopy this form if there is not enough space.
- 請於**2010年11月19日下午5時前**將贊助表格及捐款寄交本院(請將左頁的「簡便回郵」標籤剪下及貼在空白信封上投寄，無須貼上郵票)。Please complete and return this form together with the donation to us **before 5:00 pm on 19/11/2010** (Please cut the freepost label at the left, adhere it to a blank envelope and mail it. No postage is required).
- 善長亦可將捐款直接存入滙豐銀行、恒生銀行或交通銀行香港分行各分行的東華三院專戶。You can pay-in the amount to the Tung Wah's account at any branches of HSBC, Hang Seng Bank or Bank of Communications Hong Kong Branch.
- 支票抬頭請寫「東華三院」或「Tung Wah Group of Hospitals」。Please make your cheque in favour of "Tung Wah Group of Hospitals".
- 捐助東華三院滿\$100的善款可獲政府免稅。Donation of \$100 or more to Tung Wah is tax deductible.
- 欲詢詳情，請致電1878 333或2859 7535予本院籌募科。For enquiry, please call the Fund-raising Division at 1878 333 or 2859 7535.

簡東 Tung Wah Group of Hospitals
便華 Freepost No.10
回三
郵院
10
號 CSSC

