

愛心滿東華免費醫療服務捐助計劃捐助表格  
“Free Medical Services Donation Scheme” Donation Form

☒ 我樂意支持上述計劃，詳情如下(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 scheme to support Tung Wah's free medical services. (Please tick the appropriate box(es) and “\*” delete if inappropriate) :

捐助資料 Donation Information

☐ 樂捐善款以出任大會贊助人 Sign up as Patron

贊助人類別 [捐款額 (HK\$)] Patronage [Amount (HK\$)]		鳴謝安排 Acknowledgement arrangements					
		同意於東華醫院及東華東院所設的善長金榜上銘誌芳名 To be named on Donation Plaque at Tung Wah Hospital and Tung Wah Eastern Hospital	樂意出席2014年9月5日(星期五)假尖沙咀香港洲際酒店舉行的慈善晚會 To attend Charity Dinner Show at InterContinental Hong Kong, Tsimshatsui on 5 September 2014 (Friday)	樂意於晚會儀式中接受紀念品 To receive souvenir in the Ceremony at Charity Dinner Show	樂意於場刊內刊登全頁彩色特刊廣告 To have a full page advertisement on souvenir programme	同意於場刊贊助人芳名錄內銘誌是項捐助 To have acknowledgement in souvenir programme	
<input type="checkbox"/> 永久榮譽贊助人 (\$500,000或以上)	Permanent Honourable Patron (\$500,000 or above)	<input type="checkbox"/> 永久題名 Permanent	<input type="checkbox"/> 兩席 20位 2 Tables (20 persons)	<input type="checkbox"/> 代表: Representative:	<input type="checkbox"/> 兩頁 2 pages	<input type="checkbox"/>	
<input type="checkbox"/> 榮譽贊助人 (\$300,000或以上)	Honourable Patron (\$300,000 or above)	<input type="checkbox"/> 題名五年 Named for 5 years	<input type="checkbox"/> 一席 10位 1 Table (10 persons)	<input type="checkbox"/> 代表: Representative:	<input type="checkbox"/> 兩頁 2 pages	<input type="checkbox"/>	
<input type="checkbox"/> 鑽石贊助人 (\$100,000或以上)	Diamond Patron (\$100,000 or above)	<input type="checkbox"/> 題名一年 Named for 1 year	<input type="checkbox"/> 一席 10位 1 Table (10 persons)	<input type="checkbox"/> 代表: Representative:	<input type="checkbox"/> 一頁 1 page	<input type="checkbox"/>	
<input type="checkbox"/> 金贊助人 (\$68,000或以上)	Gold Patron (\$68,000 or above)	<input type="checkbox"/> 題名一年 Named for 1 year	<input type="checkbox"/> 一席 10位 1 Table (10 persons)	<input type="checkbox"/> 代表: Representative:	<input type="checkbox"/> 一頁 1 page	<input type="checkbox"/>	
<input type="checkbox"/> 銀贊助人 (\$38,000或以上)	Silver Patron (\$38,000 or above)	<input type="checkbox"/> 題名一年 Named for 1 year	<input type="checkbox"/> 一席 10位 1 Table (10 persons)	<input type="checkbox"/> 代表: Representative:	<input type="checkbox"/> 一頁 1 page	<input type="checkbox"/>	

☐ 訂購慈善晚會餐席 Subscription for Dinner

餐席及鳴謝安排 (Subscription of Dinner and Acknowledgement)	捐款額(每席\$28,000) Donation Amount (\$28,000 per table)
<input type="checkbox"/> 樂意訂購2014年9月5日(星期五)假尖沙咀香港洲際酒店舉行的慈善晚會 _____ 席(一席10位)的餐席 Please reserve _____ table(s) at Charity Dinner Show at InterContinental Hong Kong, Tsimshatsui on 5 September 2014 (Friday).	
<input type="checkbox"/> 同意於場刊內刊登是項捐助 Please acknowledge my donation at souvenir programme.	\$ _____

☐ 刊登彩色特刊廣告 Advertisement on Souvenir Programme

捐款額(HK\$) Donation Amount (HK\$)	版位 Page	廣告內容 Content
\$10,000	全頁 Full page 26 cm (L) x 18 cm (W)	<input type="checkbox"/> 請刊登附上的廣告稿(ai或jpg格式) 或將電腦檔直接電郵至trdftru3@tungwah.org.hk Please use the attached advertisement (ai or jpg format) or email to trdftru3@tungwah.org.hk <input type="checkbox"/> 請刊登“ _____ 致意” Please state "With compliment of _____"

☐ 惠捐善款 General Donation

我未暇出席晚會，並且不擬出任贊助人，但樂捐善款以： I / We will not join the above event but would like to donate HK\$ \_\_\_\_\_ in support of :

- ☐ 幫助貧病者接受免費門診服務 free public outpatient services

☐ 480名 persons (\$36,000)☐ 360名 persons (\$27,000)☐ 240名 persons (\$18,000)☐ 120名 persons (\$9,000)☐ 40名 persons (\$3,000)☐ \_\_\_\_\_
- ☐ 幫助一名貧病者支付其病床費用 free beds for patients

☐ 1年 year (\$36,000)☐ 9個月 months (\$27,000)☐ 6個月 months (\$18,000)☐ 3個月 months (\$9,000)☐ 1個月 month (\$3,000)☐ \_\_\_\_\_
- ☐ 支持免費醫療服務 (由東華三院因應情況調撥於較急需的免費醫療項目上) free medical services (TWGHs would allocate the funding based on the urgency of the free medical services)  
☐ \$ \_\_\_\_\_

捐款方法 Donation Method

☐ 支票捐款 Donation by Cheque

支票抬頭請寫「東華三院」或 Tung Wah Group of Hospitals，並連同此表格寄回本院，以便發出正式收據。  
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. : \_\_\_\_\_

☐ 銀行捐款 Donation through Banks

請將存款收據正本連同此表格寄回本院，以便發出正式收據。  
Please mail us the **original** pay-in-slip together with this completed form for a donation receipt.

- 匯豐銀行 Hong Kong Bank  
A/C no. 004-502-301302-001
- 恒生銀行 Hang Seng Bank  
A/C no. 024-280-402660-001
- 中國銀行(香港) Bank of China (HK)  
A/C no. 012-875-0-024935-9
- 東亞銀行 Bank of East Asia  
A/C no. 015-514-40-33666-1
- 交通銀行香港分行 Bank of Communications Hong Kong Branch  
A/C no. 027-537-930-76188
- 花旗銀行 Citibank  
A/C no. 006-391-085-55346

☐ 信用卡捐款 Payment by Credit Card

信用卡捐款可傳真至2559 6835，傳真後無需再寄交此表格，以免重複扣除捐款。  
Credit card donation can be made by faxing this form to 2559 6835. To avoid duplication, please do not post this form after faxing.

☐ VISA卡 VISA☐ 萬事達卡 MasterCard

信用卡號碼 Card number : \_\_\_\_\_

信用卡有效日期至 Card valid until: \_\_\_\_\_ 月 MM \_\_\_\_\_ 年 YY

持卡人姓名 Cardholder's name : \_\_\_\_\_

持卡人簽署 Signature of cardholder : \_\_\_\_\_

☐ 網上捐款 Online Donation

(只適用於信用卡或Paypal捐款 Only for Payment by Credit Card or Paypal)  
您可登入東華三院網頁www.tungwah.org.hk使用信用卡或透過PayPal捐款，網上捐款不用交回此表格，我們將依據您的資料發出捐款收據。  
Please visit our website www.tungwah.org.hk to donate through credit card or PayPal. Please do not post this form after online donation.

善長資料 Donor 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 Name on receipt (如與捐款善長不同 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 : \_\_\_\_\_

附註 Remarks :

- 如蒙支持善舉，請於2014年8月15日前將填妥的捐助表格及捐款寄交本院。請將下方的「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 15/8/2014. 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.
- 如不需要捐款收據以及安排鳴謝，可透過「繳費靈」捐款，東華三院商戶編號：9216。  
If donation receipt or acknowledgement is not required, you can donate through PPS bill payment service. The merchant code of the Tung Wah Group of Hospitals is 9216.
- 欲詢詳情，請致電1878 333或2859 7888予本院籌募科。  
For enquiry, please call the Fund-raising Division at 1878 333 or 2859 7888.

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，然後簽署。如您不在空格內加上「✓」號，但在下方指定位置簽名，將視作同意本院使用您的個人資料作上述用途。  
☐ 本人反對東華三院使用我的個人資料作上述推廣用途  
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。

簽署 : \_\_\_\_\_ 姓名 : \_\_\_\_\_ 日期 : \_\_\_\_\_

TWGHs intends to use your personal data in future (name, telephone no., fax no., email and mailing addresses) for the purposes of providing you with information of TWGHs, fund-raising appeal, activities invitation as well as for feedback collection and related promotion purposes.  
Should you find such uses if your personal data not acceptable, please indicate your objection before signing by ticking the box below. If no indication stated, we will deem that you agree on our usage of your personal data for the above promotion purposes.  
☐ I object to TWGHs to use my personal data for the above promotion purposes.  
I have read, understood and accepted the statement regarding the collection, use and provision of personal data by Tung Wah Group of Hospitals.

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

東華三院專用 TWGHs Only

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

簡便回郵  
東華三院  
10號

Tung Wah Group of Hospitals  
Freepost No.10

FMSDS