

# 東華三院慈善獎券捐助表格 Tung Wah Group of Hospitals-Charity Raffle Donation Form

- 本人 / 公司樂意支持上述籌募活動，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 event, details as below:**  
(Please tick the appropriate box(es) and "\*" delete if inappropriate)

## 捐助資料 Donation Information

如蒙 支持善舉，請於2015年1月9日前將捐助表格及款項寄交本院  
Please complete and return this form together with the donation to us by 9/1/2015

- 認購慈善獎券 (每張港幣\$20) **Subscribe for raffle tickets (Each ticket HK\$20)**
- 2,000張 pcs. (HK\$40,000)     1,000張 pcs. (HK\$20,000)
- 500張 pcs. (HK\$10,000)     100張 pcs (HK\$2,000)
- \_\_\_\_\_張pcs. (請填寫數量 please fill in the no. of tickets)

## 惠捐善款 General Donation

本人 / 公司暫不擬認購慈善獎券，但樂捐善款 \_\_\_\_\_ 元正，支持貴院的免費醫療服務及廣華醫院重建經費。

I/We will not subscribe for raffle tickets but would like to donate HK\$ \_\_\_\_\_ in support of Tung Wah's free medical service and the redevelopment of Kwong Wah Hospital.

## 善長資料 Donor's Information

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

地址 Address \_\_\_\_\_

電話 Tel (日間 Daytime) \_\_\_\_\_ 傳真 Fax \_\_\_\_\_

電郵 E-mail \_\_\_\_\_

出生日期 Birth date \_\_\_\_\_ 日 DD \_\_\_\_\_ 月 MM

簽署 Signature \_\_\_\_\_ 日期 Date \_\_\_\_\_

### 附註 Remarks

- 如蒙支持善舉，請於2015年1月9日前將填妥的捐助表格及款項寄交本院。您亦可先將表格傳真至2559 6835。  
Please complete and return this form together with the donation to us by 9/1/2015. 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。(認購慈善獎券款項除外)  
Donation of \$100 or more to Tung Wah is tax deductible. (Subscribe for raffle tickets is excepted)
- 欲詢詳情，請致電1878 333或2859 7594聯絡本院籌募科。  
For enquiry, please call the Fund-raising Division at 1878 333 or 2859 7594.

### 東華三院專用 For TWGHs use

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

## 捐款方法 Donation Methods

### 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. \_\_\_\_\_

### 信用卡捐款 Payment by Credit Card

信用卡捐款可傳真至2559 6835，傳真後無須再寄交表格，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

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 : \_\_\_\_\_

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

## 捐款收據 Donation Receipt

- 請發給捐款收據 Please send donation receipt

捐款收據芳名 \_\_\_\_\_ 先生/女士\*  
Name on receipt \_\_\_\_\_ Mr./Ms.\*

(如與捐款善長不同 If different from donor's name)

- 為幫助貴院減省行政開支，我不需要捐款收據。  
To reduce administrative costs, donation receipt is not required.

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。

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.

- 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 TWGHs to use my personal data for the above promotion 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 Tung Wah Group of Hospitals.

簽署 \_\_\_\_\_ 姓名 \_\_\_\_\_ 日期 \_\_\_\_\_  
Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_