| 捐助表格 Donation Form | | 善善 | | | |
|---|--|---------------------------------|--|--|--|
| 請在所選項目的空格內加上「✓」。 Please t | tick the appropriate box(es). | | | | |
| ☑ 我樂意支持「東華三院賣旗日」,幫助弱勢社群: Yes, I support Tung Wah Flag Day to help the underprivileged: | | | | | |
| □ HK\$2,000 □ HK\$1,000 | □ HK\$500 □ HK\$300 | 地址 Add | | | |
| □ HK\$ | | | | | |
| 10+6-2-14-0 11 14 11 | | 10.4 | | | |
| 捐款方法 Donation Metho | od | 捐 | | | |
| □ 支票 By cheque 劃線支票抬頭請寫「東華三院」 Crossed cheque payable to "Tung Wah Group of Hospitals" | | | | | |
| 支票號碼 Cheque no: | | 鳴護 | | | |
| | | 捐款 Your | | | |
| □ 銀行 Via bank | | more | | | |
| 請將存款收據 <u>正本</u> 連同此表格寄回 Please mail the <u>original</u> bank Pay-in- official receipt. | 本院,以便發出捐款收據。 -slip with this form to TWGHs for an | | | | |
| 滙豐銀行 Hong Kong Bank A/C no 004-502-301302-001 | 東亞銀行 Bank of East Asia A/C no 015-514-40-33666-1 | 115-4 | | | |
| 交通銀行香港分行 Bank of Communications (Hong Kong Branch) A/C no 027-537-930-76188 | 中國銀行(香港) Bank of China (Hong Kong) A/C no 012-875-0-024935-9 | 中 Pe 本院 活動 | | | |
| 恒生銀行 Hang Seng Bank A/C no 024-280-402660-001 | 花旗銀行 Citibank A/C no 006-391-085-55346 | 上述 上「、 TWG | | | |
| | | mailin appe | | | |
| □ 信用卡 By credit card | | Shou befor on o t | | | |
| □ VISA卡 □ 萬事達卡 MasterCal | rd | | | | |
| 信用卡號碼 Card no: | | 本人 I hav | | | |
| 信用卡有效期至 月 年 Card valid until: MM YY | | provi | | | |
| 持卡人姓名 Cardholder name : | | Sign | | | |
| 持卡人簽署 Cardholder signature: | | 備注 R 1. 欲詢 For e 2. 閣下 | | | |
| | | The 3. 閣下 | | | |
| □ 網上 Online (信用卡或PayPal By cre | | The | | | |
| 請登入東華三院網頁 <u>www.tungwah.org.hk</u> 使用信用卡或 PayPal捐款 | | | | | |
| Please donate by credit card or PayPal at TWGHs' website : www.tungwah.org.hk | | | | | |

| 善長資料 Donor Info | ormation | | | | |
|---|---|--|--|--|--|
| | | | | | |
| 善長芳名 | 先生/女士 | | | | |
| Donor name : | Mr/Ms | | | | |
| 地址 | | | | | |
| Address: | | | | | |
| ~ In = ~ | 7.70 | | | | |
| 手提電話 Mobile no : | 電郵 E-mail: | | | | |
| IVIODIIE IIO . | L IIIaii | | | | |
| Introduction | | | | | |
| 捐款收據 Donation | Receipt | | | | |
| 捐款收據芳名 | 先生/女士 | | | | |
| Name on receipt: | Mr/Ms_ 長不同 If different from donor name) | | | | |
| (知與捐款音長个)可 Talliterent from donor name) (捐助東華三院滿100元的善款可獲政府免稅 Donation of \$100 or more to TWGHs is tax deductible) | | | | | |
| (有助来举二成州100元的皆款可提政的光抗 Dollation of \$100 of mole to 1Wich's is tax deduction) | | | | | |
| 鳴謝安排 Acknowledgem | | | | | |
| | 將於東華三院年報鳴謝是項捐助,請選擇下列鳴謝安排: cknowledged in TWGHs Annual Report for \$10,000 or | | | | |
| more, please select your preferred acknowledgement arrangement: | | | | | |
| □ 鳴謝芳名: | | | | | |
| Name to be acknowledged | d: | | | | |
| - | | | | | |
| □ 不用鳴謝 | | | | | |
| No acknowledgement arra | No acknowledgement arrangement required | | | | |
| | | | | | |
| 收集個人資料聲明 | | | | | |
| Personal Information Collection Statement | | | | | |
| Personal informati | on Conection Statement | | | | |
| | 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行 | 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 person | nal 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. | | | | | |

re signing by ticking the box below. If no indication stated, we will deem that you agree ur usage of your personal data for the above promotion purposes.

本人<u>反對</u>東華三院使用我的個人資料作上述推廣用途。 object to TWGHs to use my personal data for the above promotion purposes.

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。 ve read, understood and accepted the statement regarding the collection, use and ision of personal data by Tung Wah Group of Hospitals.

| 簽署 | 日期 |
|------------|-------|
| Signature: | Date: |
| | |

- 詳情,請致電2859 7460 予本院籌募科。
- enquiry, please call the Fund-raising Division at 2859 7460.
- 提供的個人資料,純屬自願。
- provision of personal data is purely voluntary. 提供予本院的個人資料只會供給本院在工作上有需要知道該等資料的職員使用。 personal data will be disclosed to staff member(s) of TWGHs on a need-to-know basis.

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