

**捐款者資料 Donor's Information**

(請在適當方格內填上「✓」號； \* 請刪去不適用者。 Please tick the relevant box(es). \* Please delete where inappropriate.)

善長芳名 Name	*先生 Mr /女士 Ms/小姐 Miss	聯絡電話 Tel	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
地址 Address		傳真 Fax	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
電郵 Email		出生日期 Date of Birth	[ ] [ ] 日 Day [ ] [ ] 月 Month

**捐款資料 Donation Information**

我樂意捐款以支持東華三院各項服務。

I would like to make a donation to support the various services of Tung Wah Group of Hospitals.

捐款金額 Donation Amount :  HK\$1,000  HK\$500  HK\$300  HK\$100  HK\$\_\_\_\_\_

**捐款方法 Donation Method**

**劃線支票 Crossed Cheque**

支票抬頭請寫「東華三院」，並連同此表格寄回，以便發出正式收據。

Please make your cheque payable to the "Tung Wah Group of Hospitals" and return together with this form for an official receipt.

支票號碼 Cheque No.: \_\_\_\_\_

**信用卡 Credit Card**

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
持卡人姓名 Cardholder's Name	*先生 Mr /女士 Ms/小姐 Miss Cardholder's Signature
信用卡號碼 Card No.	有效期至 Expiry Date
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] 月 Month [ ] [ ] 年 Year

**銀行捐款 Donation through Banks**

匯豐銀行 HSBC	004-502-301302-001	恆生銀行 Hang Seng Bank	024-280-402660-001
花旗銀行 Citibank Hong Kong	006-391-085-55346	東亞銀行 Bank of East Asia	015-514-40-33666-1
中國銀行(香港) Bank of China (Hong Kong)	012-875-0-024935-9	交通銀行香港分行 Bank of Communications Hong Kong Branch	027-537-930-76188

請把存款收條正本連同此表格寄回東華三院，以便發出正式收據。

Please mail the original bank pay-in-slip together with this form to the Tung Wah Group of Hospitals for an official receipt.

**捐款收據 Donation Receipt**

捐款收據芳名 Name on receipt	_____ *先生 Mr /女士 Ms/小姐 Miss (如與捐款善長不同 If different from donor's name)
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為節省行政開支，我不需要捐款收據。 To save administration costs, no donation receipt is required.

鳴謝安排

Acknowledgement Arrangement

捐款港幣 10,000 元以上，本院將於東華三院年報鳴謝是項捐助，請選擇下列鳴謝安排：

Your generous donations will be acknowledged in TWGHs Annual Report for HK\$10,000 or more, please select your preferred acknowledgement arrangement:

鳴謝芳名 Name to be acknowledged: \_\_\_\_\_

不用鳴謝 Acknowledgement arrangement is not required.

**個人資料收集聲明 Personal Information Collection Statement**

東華三院(「本院」)會按照《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及/或提供您的個人資料。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。您有權隨時向本院查詢、更改或要求停止使用您的個人資料作上述推廣用途，費用全免，請於辦公時間致電 1878 333。The Tung Wah Group of Hospitals ("TWGHs") shall comply with the Personal Data (Privacy) Ordinance in handling and keeping your personal data. TWGHs will not sell and/or provide your personal data to any third party. TWGHs intends to use your personal data (name, address, telephone no., email and fax no.) for future correspondences, fund-raising appeals, promotional activities, training courses, conducting survey, or other related promotional purposes. TWGHs will not use your personal data for the above purposes unless you give your consent. If you do not agree to the use of your personal data for the above purposes, please indicate by putting a tick in the box below. You have the right to access, correct and request TWGHs to stop using your personal data for the above purposes at any time and at no charge by calling 1878 333 during office hours.

本人反對東華三院使用我的個人資料作上述推廣用途。 I object to the use of my personal data by TWGHs for the above promotional 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 TWGHs.

簽署 Signature:

日期 Date:

全年捐款熱線 Donation hotline: 1878 333

傳真 Fax: 2559 6835

電郵 Email: [enquiry@tungwah.org.hk](mailto:enquiry@tungwah.org.hk)

網址 Website: <http://www.tungwah.org.hk>

地址 Address: 香港上環普仁街十二號 12 Po Yan Street, Sheung Wan, Hong Kong

東華三院專用 For TWGHs use (I)

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