

賀禮·利得·惠東華計劃捐助表格

Celebratory/Activity Proceeds Donation Scheme Donation Form

請在適當空格內加上「✓」號或*刪去不適用者 Please tick the relevant box(es) or * delete where inappropriate

本人/機構樂意支持是項計劃，並擬
I am/We are pleased to support the captioned scheme by:

☐ 出任贊助人 Signing up as Patron

贊助人 Patronage	捐款額 Amount HK\$	於東華三院網站之善長名錄、 年報及東華通訊銘誌芳名 To be acknowledged in the Donor List at the TWGHs website, annual report and newsletters	於東華三院行政總部之 善長金榜銘誌芳名 To be named on Donation Plaque at TWGHs Headquarters	邀請出席「歡樂滿東華」 慈善晚會並參與支票交贈儀式 To be invited to "Tung Wah Charity Gala" and to present the donation cheque at the ceremony
<input type="checkbox"/> 永久榮譽贊助人 Permanent Honourable Patron	HK\$1,000,000	✓	永久題名 Permanent	✓
<input type="checkbox"/> 榮譽贊助人 Honourable Patron	HK\$300,000	✓	題名5年 Named for 5 years	✓
<input type="checkbox"/> 鑽石贊助人 Diamond Patron	HK\$100,000	✓	-	-
<input type="checkbox"/> 金贊助人 Gold Patron	HK\$68,000	✓	-	-
<input type="checkbox"/> 銀贊助人 Silver Patron	HK\$38,000	✓	-	-
<input type="checkbox"/> 贊助人 Patron	HK\$18,000	✓	-	-

鳴謝安排 Acknowledgement Arrangement

- ☐ 於善長名錄 / 年報 / 東華通訊 / 善長金榜*刊登是項捐助
To be acknowledged in donor list / annual report / newsletters / on donation plaque*
- ☐ 鳴謝稱謂 Name for acknowledgement : _____
(如與善長芳名不同 If different from the name of Donor)
- ☐ 無需安排鳴謝 Acknowledgement is not required.

☐ 惠捐善款 General Donation

本人/公司樂意捐款 **HK\$** _____ 支持東華三院各項社會企業或指定服務
I/We would like to donate _____ to support the development of various TWGHs
social enterprises or other designated services

善長資料 Donor Information

善長芳名 Name of Donor : _____ 先生/太太/女士/小姐/公司/團體*
Mr./Mrs./Ms./Miss/Company/Group*

地址 Address : _____

聯絡人 Contact person : _____ 先生/太太/女士/小姐*
Mr./Mrs./Ms./Miss*

聯絡電話 Tel. no : _____ 電郵 E-mail : _____

如蒙支持善舉，請將填妥的捐助表格及捐款寄交上環普仁街12號東華三院籌募科或傳真至2559 6835。
Please send the completed form with donation by post to Fund-raising Division, Tung Wah Group of
Hospitals, 12 Po Yan Street, Sheung Wan or fax to 2559 6835.

捐款方法 Donation Method

☐ 支票 By Cheque

劃線支票抬頭請寫「東華三院」 Please mark your crossed cheque payable to "Tung Wah Group of Hospitals"
銀行 Bank : _____ 支票號碼 Cheque No. : _____

☐ 信用卡 By Credit Card

信用卡捐款可傳真至2559 6835，傳真後無須再寄交此表格，以免重複扣除款項
Donation by credit card can be processed by faxing the completed form to 2559 6835.
To avoid duplication, please do not post this form to us after fax

☐ VISA ☐ 萬事達卡 MasterCard

信用卡號碼 Credit Card no. : _____ - _____ - _____ 有效日期 Expiry Date : _____ 月 MM/ _____ 年 YY

持卡人姓名 Name of Cardholder : _____ 持卡人簽署 Signature of Cardholder : _____

☐ 銀行捐款 Via 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 send us the **original** pay-in-slip together with this completed form by post for a donation receipt

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

捐款收據 Donation Receipt

- ☐ 請提供捐款收據註一 Please provide donation receipt Remark1
收據芳名 Name on receipt : _____ 先生/太太/女士/小姐/公司/團體*
Mr./Mrs./Ms./Miss/Company/Group*
(如與善長芳名不同 If different from the name of Donor)
- ☐ 為幫助東華三院減省行政開支，**無需**安排捐款收據
To save the administrative cost of TWGHs, **donation receipt is not required**

收集個人資料聲明 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告。
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 : _____

附註 Remarks :

- 捐助東華三院滿HK\$100的善款可申請免稅。
Donation of HK\$100 or above to TWGHs is tax deductible.
- 欲詢詳情，請致電1878 333或2859 7460予本院籌募科。
For details, please call TWGHs Fund-raising Division at 1878 333 or 2859 7460.

東華三院專用 For TWGHs use				東華三院 簡便回郵10號GPO Tung Wah Group of Hospitals Freeport No.10 GPO CAP
Received on		Receipt issued on		
Receipt no.	R	Receipt/TYL sent on		
Donation A/C name	CAP	Amount (HK\$)		