



歡樂滿東華·觀瀾湖高爾夫球慈善大賽捐助表格

proudly sponsors Tung Wah Charity Gala - Charity Golf Tournament at Mission Hills Golf Club Donation Form

捐助資料 Donation Information

(I) 出任大會贊助人 Signing up as Patron

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 whichever inappropriate

贊助人類別(捐款額)	獲贈參賽隊伍 [請填寫參賽者資料]	於儀式上 獲致送紀念品	獲刊登公司 Company Li to be Ackno	ogo/Name	刊登廣告 [請填寫(II)A項]	獲致送場刊廣告 [請填寫(II)B項] Complimentary	節目新聞稿 及年刊鳴謝 Acknowledgement
Patronage (Amount)	Team participation (Please fill in the particulars of players)	To Receive a Souvenir at Ceremony	場刊 Souvenir Programme	背板 Backdrop	Complimentary advertisement board at tee box [Please complete item (II)A]	advertisement in the souvenir programme [Please complete item (II)B]	in the Event Press Release and Annual Report
□ 獎盃贊助人* (HK\$168,000或以上) Cup Patron* (HK\$168,000 or more)	□ 3隊 (即最多12人) 3 teams (max. 12 players)	代表姓名 Representative	1頁 1 page		3面/3pcs	1頁/ 1 page	
□ 鑽石洞贊助人 (HK\$120,000或以上) Diamond Hole Patron (HK\$120,000 or more)	□ 3隊 (即最多12人) 3 teams (max. 12 players)	Name:	1頁 1 page	,	3面/3pcs	1頁/ 1 page	,
□ 金洞贊助人 (HK\$90,000或以上) Gold Hole Patron (HK\$90,000 or more)	□ 2隊 (即最多8人) 2 teams (max. 8 players)	職銜 Title:	1/2頁 1/2 page		2面/ 2pcs	1頁/ 1 page	ľ
□ 隊伍贊助人 (HK\$50,000或以上) Team Patron (HK\$50,000 or more)	□ 1隊 (即最多4人) 1 team (max. 4 players)		1/3頁 1/3 page				
*以			_ 盃命名一:	項獎項(獎:	項類別由大會編配)	
To name a Cup (to be assigned by organize	er after) :						
* 有關鳴謝將按贊助金額排列及擬定徽號/芳名篇幅。Order and brand feature of the acknowledgement will be arranged according to the patronage.							
由於各項印刷品及宣傳活動安排需時,如本院於所註明限期後方收到善長回覆擔任節目贊助,請恕或未能安排有關之鳴謝。 TWGHs may not be able to offer the aforesaid acknowledgements if the sponsorship is received after the deadline.							
□ 本人/機構同意於場刊/背板/節目新聞稿/年刊*刊登是項贊助鳴謝。I/We agree to be acknowledged in souvenir programme/backdrop/event press release/annual report*.							
(II) 刊登廣告 Donation for Advertisement							
類別 Type (捐款額 amount)				富 告內容	Content		

	類別 Type (捐款額 amount)	廣告內容 Content	
(A) 球洞廣告牌 Advertisement board at tee box □ 每面 Each pc. (HK\$15,000)		□ 請展示以下名稱 Please show the following name:	
	[4m(W) x 1m(H)]	□ 請展示公司商標* Please display the enclosed logo*	
	(B) 場刊彩色廣告	請刊登 "	致意"
	Advertisement in coloured souvenir programme 每頁 Each page (HK\$10,000)	Please print "With the Compliments of	
	[18cm(W) x 26cm(H)]	□ 請刊登公司商標/廣告稿* Please use the enclosed logo/advertisement*	

參賽者資料 Particulars of players

						-	日抽			食宿安排 ^{註2} Accommodation arrangen	nents ²			交	通安排雌	Transportatio	on arrangements ³	
隊伍 名稱	参賽者姓名	性別	觀瀾湖球會 會員號碼	職業球手	聯絡電話	(可選擇2 Partic	日期 日或1日) pation	競逐 長青盃 ^{註1}	空房	偕同1位非參賽嘉賓留宿(附加費 每位HK\$600) 請填寫嘉賓姓名	出度	出席	26 (去程	/10 Depart)	26 _. (回程	/10 Return)	27 (回程	/10 Return)
Team Name	ジ寅省北口 Name of player	Gender	Membership no. of MHGC	Prof. player	Tel.		choose th days)	Compete for	留宿 球會 Stay in the Golf Club	Stay with a guest (additional cost : HK\$600)	26/10 晚餐	27/10 午餐	7:00 am 上環出發	7:15 am 九龍塘 出發	8:00 pm 往錦田	8:30 pm 往錦田	3:00 pm 往上環	3:00 pm 往九龍塘 To KowloonTong
						26/10	27/10		Com Club	Please provide the guest's name			Chauna Man	Kowloon Tong	10 Kam 1In	io kam iin	To Sheung Wan	10 KOWIOON IONG
	(1) (隊長/Captain)																	
	(2)																	
	(3)																	
	(4)																	
	(1) (隊長/Captain)																	
	(2)																	
	(3)																	
	(4)																	

註 Notes: 1. 年滿60歲(即1958年10月27日或以前出生)的業餘參賽者可競逐長青盃。 Amateur players age 60 or above (born on/before 27/10/1958) are eligible for Long-Life Cup competition.

- 2. 請確認留宿意願,以助本院減省行政開支。 To help saving our administrative cost, please indicate your accommodation arrangement.
- 3. 如無指示將視作自行安排交通往返球會。 Player will be regarded as self-arranging transport to and from the Club if no indication.
- 4. 本院將於10月中旬通知參賽者有關活動詳情。 Detailed information will be sent to respective players in mid October.

如蒙支持善舉,請於2018年9月28日(星期五)前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.

(III) 惠捐善款 General donation

本人/公司未暇參與,但樂捐善款 支持「圓滿人生服務| I am/ We are unable to join but would like to donate to support "Endless Care Services"

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"

見行 Bank:	支票號碼 Cheque No.:
X1J Dalik.	

☐ 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 after fax

□ VISA □ 萬事達卡 MasterCard

信用卡號碼 Credit Card no.:	持卡人姓名 Name of Cardholder:
	持卡人签署 Signature of Cardholder:

持下人僉者 Signature of Cardholder

有效日期		
Expiry Date:	月 MM/	年 Y

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

匯豐銀行 HSBC

恒生銀行 Hang Seng Bank 024-280-402660-001

中國銀行(香港) Bank of China (HK) 012-875-0-024935-9

004-502-301302-001 花旗銀行 Citibank

東亞銀行 Bank of East Asia

交通銀行香港分行 Bank of Communications (Hong Kong Branch) 027-537-930-76188

006-391-085-55346 015-514-40-33666-1

網上捐款 Online Donation

請登入東華三院網頁www.tungwah.org.hk以信用卡、PayPal或八達通捐款 Please visit TWGHs website www.tungwah.org.hk to donate via credit card, PayPal or Octopus

Clease choose 1 or both days Compete for Compete	配話		pation	競逐 長青盃 ^{胜1}	辺宏	偕同1位非參賽嘉賓留宿(附加費 每位HK\$600) 請填寫嘉賓姓名		出席	26 (去程	/10 Depart)	26/ (回程 F	/10 Return)	27/ (回程 F	10 leturn)
26/10 27/10 Please provide the guest's name Sheung Wan Depart from Kowloon Tong Communication Co	B AM		th days)	Compete for		Stay with a guest (additional cost : HK\$600)	晩餐	27/10 午餐		九龍塘 出發	往錦田	往錦田	往上環	
		26/10	27/10		GOII CIUD	Please provide the guest's name			Shoung Man			To Kam Tin	To Sheung Wan	To KowloonTong

東華三院專用 For T	WGHs use		
Received on		Receipt issued on	
Receipt no.	R	Receipt/TYL sent on	
Donation A/C name	CGT	Amount (HK\$)	

普及具件 Donor Information		
善長芳名 Name of Donor:		先生/女士/太太/小姐/公司/團體 Mr./Ms./Mrs./Miss/Company/Group
地址 Address :		
聯絡人 Contact Person:		
聯絡電話 Tel. no:	電郵 E-mail:	
捐款收據 Donation Receipt 請提供捐款收據 ⁱ² Please provid	do donation receipt?	
收據芳名 Name on Receipt:		先生/女士/太太/小姐/公司/團體 Mr./Ms./Mrs./Miss/Company/Group
(如與善長	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 To save the administrative cost o	,無需安排捐款收據 of TWGHs, donation receipt is not requir	red
鳴謝安排 Acknowledgement Arrang	gement	
捐款港幣HK\$10,000元或以上,本阿	院將於東華三院年報鳴謝是項捐助,詞 nowledged in TWGHs Annual Report for	青選擇下列鳴謝安排: HK\$10,000 or more, please select
□ 鳴謝稱謂Name for acknowledgement:		
□ 不用安排鳴謝 No acknowledger	ment arrangement is required	
收集個人資料聲明 Personal Inform	nation Collection Statement	
資料。本院擬使用您的個人資料(姓名、地 途。未經您的同意,本院不會將您的個人資	(私隱)條例》的規定處理及儲存您的個人資料 b址、電話、電郵及傳真)以作日後聯絡、籌款 資料用於上述用途。如您不同意,請在以下空格 推廣用途,費用全免,請於辦公時間致電1878 3	、宣傳活動/訓練課程或收集意見等推廣用 內加上「✔」號。您有權隨時向本院查詢、

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	⊢沭坩	: 摩田袋
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| TODGEST TO THE USE OF MY PERSONAL DISTRICT TO 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	日期
Signature:	Date:

備註 Remarks:

- 1. 請將右方的「簡便回郵」標籤剪下及貼在空白信封上投寄,無須貼上郵票。
- Please cut the freepost label at the right and adhere to blank envelope. No postage is required.
- 2. 捐助乘華三院滿HK\$100的善款可申請免税。 Donation of HK\$100 or more to TWGHs is tax deductible. 3. 欲詢詳情,請致電1878 333或2859 7683 予本院籌募科。 For details, please call TWGHs Fund-raising Division at 1878 333 or 2859 7683.

東華三院 簡便回郵10號GPO **Tung Wah Group of Hospitals**

Freepost No.10 GPO CGT

^{*}請電郵ai或jpg檔至frd@tungwah.org.hk Please send ai/jpg logo to frd@tungwah.org.hk