

殯儀基金捐款表格 Funeral Fund Donation Form

如蒙支持善舉，請將填妥之捐款表格寄交上環普仁街12號東華三院籌募科或傳真至2559 6835。

Please send the completed form to Fund-raising Division, Tung Wah Group of Hospitals, 12 Po Yan Street Sheung Wan or fax to 2559 6835.

(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)

捐款者資料 Donor's Information

姓名 Name of Donor (中文) _____ 先生 / 女士 / 小姐* (English) _____ Mr / Ms / Miss*

聯絡電話 Tel _____ 出生日期 Date of Birth ____日D____月M 電郵 Email _____

地址 Address _____

捐款資料 Donation Information

本人樂意捐款如下，以支持東華三院免費殯儀服務

I would like to make a donation to support the free funeral services of Tung Wah Group of Hospitals:

捐助金額 Donation Amount HK\$2,000 HK\$1,000 HK\$800 HK\$500 HK\$ _____

捐款方法 Donation Method

信用卡 Credit Card VISA MASTERCARD

信用卡號碼 Card no. _____ - _____ - _____ - _____ 有效日期至 Expiry date _____

持卡人姓名 Cardholder's name _____ 持卡人簽署 Cardholder's signature _____

1. 簽名必須與閣下(等)之戶口簽名完全相同，表格上如有任何塗改，請在旁簽署。Please ensure that the signature used is the same as that on your credit card, and **sign all amendments in the same way.**
2. 本人現授權東華三院由本人之信用卡賬戶內扣除上述之款項。I/ We hereby authorize Tung Wah Group of Hospitals to charge my/ our card account for the relevant amounts specified above.
3. 信用卡捐款可傳真至2559 6835，傳真後無須再寄交表格，以免重複扣除捐款。Donation form with credit card details can be sent to fax no. 2559 6835. To avoid double charging to credit card, please **do not send the form by mail after the fax is sent.**

支票 Cheque 支票號碼 Cheque no. _____

劃線支票抬頭「東華三院」，連同此填妥之表格寄回本院，以便發出捐款收據。Please mark your crossed cheque payable to "Tung Wah Group of Hospitals" and send together with this completed form for issuing donation receipt.

捐款收據 Donation Receipt

需要 Please issue donation receipt

捐款收據芳名 Name on receipt:

(如與善長不同 if different from donor's name)

先生 Mr / 女士 Ms / 小姐 Miss*

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

每年累積捐款港幣10,000元或以上，本院將於年報鳴謝是項捐款，請選擇下列鳴謝安排：Your generous donations will be acknowledged in TWGHs Annual Report with accumulative donation of HK\$10,000 or more in a year, please select your preferred acknowledgement arrangement:

鳴謝芳名 Name to be acknowledged: _____ 不用鳴謝 Acknowledgement arrangement is not required.

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, 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 purpose at anytime 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

日期

Signature: _____

Date: _____

善長編號 (由東華三院填寫)
Donor No. (To be filled by TWGHs)

東華三院專用 For TWGHs use

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