

「杏林之友」月捐計劃捐助表格

Medical Services Monthly 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 _____

推薦人捐款者編號及姓名 Name and Donor ID of Referee _____

捐款資料 Donation Information

本人樂意捐款如下，以支持東華三院醫療服務 I would like to make a donation to support the medical services of Tung Wah Group of Hospitals:

每月定期捐款 Monthly Donation 每月捐款金額 Monthly Donation Amount: HK\$1,000 HK\$800 HK\$500 HK\$200 HK\$_____

增加現時的每月捐款 Increase my monthly donation amount

現時的每月定期捐款額 Existing monthly donation amount	HK\$	+ 增加金額 Increased amount	HK\$	新的每月定期捐款額 New monthly donation amount	HK\$
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一次性捐助 One-off Donation 一次性捐款金額 Monthly Donation Amount: HK\$1,000 HK\$800 HK\$500 HK\$200 HK\$_____

捐款方法 Donation Method

銀行戶口每月自動轉賬授權書 Bank Monthly Auto-Pay Authorization Form *如增加每月捐款金額，請重新填寫及簽署自動轉賬授權書。
Please complete the Auto-Pay Authorization Form with signature if you increase your monthly donation amount.

(只接受正本，表格上如有任何塗改，請在旁簽署。Only original is accepted, any alteration require signature.)

收款之一方(受益人) Name of Party to be credited (The Beneficiary) 東華三院 TUNGWAH GROUP OF HOSPITALS	銀行編號 Bank No. 0 0 4	分行編號 Branch No. 0 0 2	收款賬戶之號碼 Account No. of Party 2 5 0 5 3 0 0 1
本人/吾等之銀行及分行之名稱 My/Our Bank Name and Branch	銀行編號 Bank No.	分行編號 Branch No.	本人/吾等之賬戶號碼 My/Our Account No.
本人/吾等在結單/存摺上所紀錄之英文名稱 My/Our Name as recorded on Statement/Passbook	開戶時之身份證號碼 My / Our Hong Kong Identity Card No.		
本人/吾等之簽名 My / Our Signature(s) 簽名必須與 閣下(等)之戶口簽名完全相同。Same as the signature(s) of your bank account.			
<ol style="list-style-type: none">本人/吾等現授權本人/吾等之上列銀行(根據受益人不時給予本人/吾等銀行之指示)，自本人/吾等之賬戶內轉賬予上述受益人。I/We hereby authorize my/our above named Bank to effect transfer from my/our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary from time to time.本人/吾等同意本人/吾等之銀行無須證實該等轉賬通知是否已交予本人/吾等。I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.如該轉賬而令本人/吾等之賬戶出現透支(或令現時之透支增加)，本人/吾等願共同及個別承擔全部責任。I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).本人/吾等同意本人/吾等之賬戶並無足夠款項支付該等授權轉賬，本人/吾等之銀行有權不予轉賬，且銀行可收取慣常之費用。I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to affect such transfer in which event the Bank may make the usual charge.本人/吾等同意，本人/吾等取消或更改本授權書之任何通知：須於每月24日前交予本人/吾等之銀行，並同時通知上述受益人。I/We agree that any notice of cancellation or variation of this authorization which I/we may give to my/our Bank shall be given on 24th of each month and at the same time such notice shall be given to the beneficiary.本人(等)謹此本人(等)在此表格上的簽署與本人(等)用以轉賬的戶口的簽署相同。本直接付款授權書將繼續生效直至通知為止或會通知東華三院任何銀行戶口的變更或取消交收方式。We confirm my/our signature(s) on this form is/are the same as the signature(s) of my/our Bank account given above. Until further notice, I/We hereby authorize Tung Wah Group of Hospitals to initiate and the Bank named above to process debits to my/our account from time to time.			

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 _____

- 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
- 本人現授權東華三院由本人之信用卡賬戶內定期扣除上述之款項，直至另行通知為止。本人同意此授權書於本人之信用卡有效期後及續發新卡時繼續生效，並無須另行填寫通知書。如須要取消或更改本授權書，須於每月24日前以書面通知東華三院。I/We hereby authorize Tung Wah Group of Hospitals to charge my/our card account for the relevant amounts specified above. This authorization shall have effect until further notice. I/We agree that this authorization shall have effect after the valid date of the credit card or replacement of the credit card, and no authorization form will be submitted again. I/We agree that any notice of cancellation or variation of this authorization shall be given on 24th of each month such cancellation/variation is to take effect.
- 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。

只適用於一次性捐款。劃線支票抬頭「東華三院」，請連同此填妥之表格寄回本院，以便發出捐款收據。
For One-off Donation. Please mark your crossed cheque payable to "Tung Wah Group of Hospitals" and send together with this completed form for issuing donation receipt.

支票 Cheque 支票號碼 Cheque No. _____

捐款收據 Donation Receipt

需要 Please issue donation receipt 捐款收據芳名 Name on receipt: _____ 先生 Mr / 女士 Ms / 小姐 Miss*
(如與善長不同 If different from donor's name)

每月捐款正式收據將於每年五月寄奉，以便您填寫報稅表。For monthly donation, an annual receipt will be issued in May to help you pursue your tax return.

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 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, 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聲明。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: _____	善長編號 (由東華三院填寫) Donor No. (To be filled in by TWGHs)	
東華三院專用 For TWGHs use			
Received on	Receipt Issued on	Donation A/C name	FMD
Receipt no.	Receipt / TYL sent on	Amount (HK\$)	