

如蒙支持善舉，請於**2022年12月23日(星期五)**或之前將填妥的捐助表格連同支票或存款收據寄交上環普仁街12號東華三院籌募科或傳真至2559 6835。

Completed form with donation shall be sent by post to Fund-Raising Division, Tung Wah Group of Hospitals, 12 Po Yan Street, Sheung Wan or fax to 2559 6835 by **Friday, 23 December 2022**.

本人/機構樂意支持是次活動，並擬
I am/We are pleased to support the captioned event by

I. 出任大會贊助人 SIGNING UP AS PATRON

| 贊助類別 (捐款額：港元) Patronage (Amount: HKD) | 獲贈參賽隊伍 [每隊最多4人] Team Participation (Max. 4 players per team) | 獲刊登公司徽號/芳名 ^A Company Logo/Name to be Acknowledged ^A | 獎盃 命名 Cup Naming | 獲致送場刊廣告 (請於項目(III) 填寫廣告內容) Complimentary Advertisement in Souvenir Programme [Please complete section (III)] | 於儀式上 獲致送紀念品 To Receive a Souvenir at Ceremony | 節目新聞稿及 年刊鳴謝 Acknowledgement in the Event Press Release and Annual Report |
|---|---|---|---------------------------|---|---|---|
| <input type="checkbox"/> 獎盃贊助人Cup Patron (\$128,000) | 4隊(最多16人) 4 teams(Max. 16 players) | 1頁 1 page | | 2頁 2 pages | 代表姓名 Representative Name | |
| <input type="checkbox"/> 鑽石球贊助人 Diamond Ball Patron (\$100,000) | 4隊(最多16人) 4 teams(Max. 16 players) | 1頁 1 page | | 1頁 1 page | _____ | |
| <input type="checkbox"/> 金球贊助人Gold Ball Patron (\$68,000) | 3隊(最多12人) 3 teams(Max. 12 players) | 1/2頁 1/2 page | | 1頁 1 page | 職銜Title | |
| <input type="checkbox"/> 銀球贊助人Silver Ball Patron (\$38,000) | 2隊(最多8人) 2 teams(Max. 8 players) | 1/3頁 1/3 page | | 1頁 1 page | _____ | |

^A 有關鳴謝將按贊助金額排列及擬定徽號/芳名篇幅。
^A 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大會贊助，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.
☐ 無須於場刊/背板/橫額/節目新聞稿/年刊“刊登是項贊助鳴謝
No acknowledgement in souvenir programme/backdrop/banner/event press release/annual report" is required

II. 隊伍參賽 TEAM ENROLMENT

| | |
|---|---|
| <input type="checkbox"/> 企業/團體隊伍贊助人 Corporate/Organization Team Patron | \$12,000 x _____ 隊 team ^註 贊助人自行組隊，每隊最多4人 Form a team of 4 players |
|---|---|

III. 刊登場刊廣告ADVERTISEMENT IN SOUVENIR PROGRAMME

| 版位 (捐款額) Size (Amount) | 廣告內容 Content |
|--|--|
| <input type="checkbox"/> 彩色全頁廣告 Full Page Coloured Advertisement (\$10,000) · 尺寸Size: 18cm(W) x 26cm(H) · 5mm出血位bleed size · 解像度須為300dpi或以上 with resolution over 300dpi | <input type="checkbox"/> 請刊登 Please state: With the Compliments of _____ 致意 <input type="checkbox"/> 自備稿件(公司徽號/廣告稿) (請將ai或jpg格式之廣告電腦檔電郵至 frdfu3@tungwah.org.hk) Please use the provided company logo/advertisement (Please send the advertisement in ai or jpg format to frdfu3@tungwah.org.hk) |

IV. 惠捐善款 GENERAL DONATION

| | |
|---|---|
| 本人/機構未暇參與，但樂捐善款 _____ 元正，以支持「東華三院何玉清教育心理服務中心」推行治療選擇性緘默症的社區服務。 I am/We are unable to join but would like to donate \$ _____ to support the "TWGHs Ho Yuk Ching Educational Psychology Service Centre" to implement a community service for the children and their families suffering from selective mutism. | |
| 捐款達HK\$10,000或以上者，東華三院將安排於場刊印是項捐助。 Your generous donation will be acknowledged in TWGHs Souvenir Programme for \$10,000 or more. | |
| <input type="checkbox"/> 鳴謝稱謂 Name for Acknowledgement _____ | <input type="checkbox"/> 無須安排鳴謝 No Acknowledgement is Required |

^註請填寫參賽者資料 Please fill in the player particulars 每隊人數按疫情狀況可能更新 No. of players subject to the latest developments of the COVID-19 pandemic

參賽者資料 PLAYER PARTICULARS

| 隊伍名稱 Name of Team | 中文 Chinese | 英文 English | 性別 Gender | 聯絡電話 Tel. No. | 電郵地址 E-mail |
|----------------------|------------|------------|--------------|------------------|----------------|
| 隊伍 Team (A) | (1) (隊長) | (Captain) | | | |
| | (2) | | | | |
| | (3) | | | | |
| | (4) | | | | |
| 隊伍 Team (B) | (1) (隊長) | (Captain) | | | |
| | (2) | | | | |
| | (3) | | | | |
| | (4) | | | | |
| 隊伍 Team (C) | (1) (隊長) | (Captain) | | | |
| | (2) | | | | |
| | (3) | | | | |
| | (4) | | | | |
| 隊伍 Team (D) | (1) (隊長) | (Captain) | | | |
| | (2) | | | | |
| | (3) | | | | |
| | (4) | | | | |

捐款方法 DONATION METHOD

☐ 支票 By Cheque
劃線支票抬頭請填寫「東華三院」，並在支票背面寫上「CBT」
Crossed cheque payable to "Tung Wah Group of Hospitals" and state "CBT" at the back of the cheque
支票號碼Cheque No. _____

☐ 銀行 Via Banks
請將存款收據正本連同此表格寄回本院，以便發出捐款收據。
Please send us the original pay-in-slip together with this form to TWGHs by post for an official donation receipt.

| | | | |
|--|---|--|---|
| 中國銀行 (香港) Bank of China (Hong Kong) 012-875-0-024935-9 | 東亞銀行 Bank of East Asia 015-514-40-33666-1 | 恒生銀行 Hang Seng Bank 024-280-402660-001 | 渣打銀行 Standard Chartered Bank 003-416-1-000171-8 |
| 交通銀行香港分行 Bank of Communications (Hong Kong Branch) 027-537-930-76188 | 花旗銀行 Citibank 006-391-085-55346 | 滙豐銀行 HSBC 004-502-301302-001 | |

☐ 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. _____ | 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 _____ |

☐ 網上捐款 Online Donation
請登入東華三院網頁www.tungwah.org.hk以電子支付平台、信用卡、PayPal或八達通捐款。
Please donate by e-Donation platform, Credit Card, PayPal or Octopus at TWGHs' website: www.tungwah.org.hk.

善長資料 DONOR'S 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*

鳴謝稱謂 Name for Acknowledgement _____

聯絡人 Contact Person _____ 職銜 Title _____

電話 Tel. no. _____ 傳真 Fax _____ 電郵 E-mail _____

地址 Address _____

捐款收據 DONATION RECEIPT

☐ 請提供捐款收據 Please provide donation receipt
收據芳名 _____ 先生 / 女士 / 太太 / 小姐 / 公司 / 團體*
Name of Receipt _____ Mr. / Ms. / Mrs. / 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，毋須安排捐款收據
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 _____

附註 Remarks

1. 如蒙支持善舉，請於**2022年12月23日**或之前將填妥的捐助表格及捐款寄交本院，請將以下的「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 complete and return this form together with the donation to us by Friday, **23 December 2022**. Please cut the freepost label below and adhere it to a blank envelope before mailing. No postage is required.

2. 捐助東華三院滿\$100的善款可申請免稅。
Donation of \$100 or above to TWGHs is tax deductible.

3. 如有查詢，請致電1878 333予本院籌募科。
For enquiry, please contact the Fund-raising Division at 1878 333.

| 東華三院專用 For TWGHs use | | | |
|----------------------|-----|---------------------|--|
| Received on | | Receipt issued on | |
| Receipt no. | R | Receipt/TYL sent on | |
| Donation A/C name | CBT | Amount (HK\$) | |