東華三院慈善獎券 TWGHs CHARITY RAFFLE

Donation Form

如蒙支持善舉,請於2023年2月24日(星期五)前將填妥的捐助表格及捐款寄交本院或傳真至2559 6835。 Completed form with donation shall be sent to us by post to Fund-raising Division, Tung Wah Group of Hospitals, 12 Po Yan Street, Sheung Wan or fax to 2559 6835 by Friday, 24 February 2023.

請在適當空格內加上「✔」號或*刪去不適用者

本人/ 機構樂意支持是頂籌募活動·並擬: I am/We are pleased to support the captioned event	Please tick the relevant boxlesI or *delete where inappropriate by:
□ 預訂慈善獎券 (每張港幣\$20) Subscribe □ 2,000張 pcs. □ 1,000張 pcs. □ (HK\$20,000) □ □ 張pcs. (請填寫數量 please fi	500張 pcs.
□ 工商機構/團體協助寄售 Promoting the (分別設工商機構組及團體組最高籌款獎冠、亞、季軍;兒 [Award(s) will be given to the top 3 corporations and orgothe Raffle Sale Competition; souvenir will be presented to	另籌款成績達港幣\$5,000或以上將獲致送紀念品) anizations that have raised the highest amount of funds in
Please send us booklet(s) of raffle t 惠捐善款 General Donation 本人/公司樂捐善款	長・剰餘之獎券請於2023年2月17日或之前退回本院) iickets [10 pieces for each booklet; unsold tickets should be returned on or before 17 February 2023] 支持「無障礙福祉車乘車券資助計劃」
I/We would like to donate HK\$ HR\$	to support "Accessible Transport Services Voucher for People with Mobility Difficulties"
支票號碼 Cheque No.:	our crossed cheque payable to "Tung Wah Group of Hospitals
be processed by faxing the completed form to 2559 6838 VISA 萬事達卡 MasterCard	を表格・以免重複扣除捐款。 Donation by credit card can 5. To avoid duplication, please do not post this form after fax
信用卡號碼 Credit Card no.: ————————————————————————————————————	有效日期 Expiry Date:
	月 MM/年 YY 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 Please send us the original pay-in-slip together wi 滙豐銀行 恒生銀行 HSBC Hang Seng Bank	
004-502-301302-001	

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*
電話 Tel. no:	傳真 Fax:		電郵 E-mail:	
地址 Address:				
捐款收據 Donation Rece	eipt			
請提供捐款收據 ^{註2} Please	provide donation	receipt Remarks 2		
收據芳名 Name on receipt:			rent from the name of donor	先生/女士/太太/小姐/公司/團體* Mr./Ms./Mrs./Miss/Company/Group*
個人資料保障承諾 Our Prom 東華三院籌募科(「本科」)遵循 資料。本科擬使用您的個人資料(或收集意見等推廣用途。未經您的 加上「/」號。您有權隨時向本科查 TWGHs Fund-raising Division ("the your personal data. TWGHs will no (name and contact details) for hand fund-raising appeals, promotional personal data for the above purpose	《個人資料(私隱) 姓名及聯絡方式)以 同意·本科不會將您 詢、更改或要求停止 Division") shalt com t sell your personal tling your donation ir activities, corporate	條例》的規定處理及 處理您的捐款指示, 的個人資料用於上述 使用您的個人資料, ply with the Persona data to any third pa nstruction, and promo communications or	儲存您的個人資料,絕並用作日後聯絡、籌募 油用作日後聯絡、籌募 用途。如您不願意接收 費用全免,請於辦公時 Il Data (Privacy) Ordinar rty. The Division intend otional purposes includi conducting survey. Th	呼籲、宣傳活動、機構通訊 以上資訊・請在以下空格內 間致電1878 333。 nce in handling and keeping s to use your personal data ing future correspondences, e Division will not use your
indicate by putting a tick in the box personal data for the above purpos 本人不願意透過 I 國奇 I do not wish to use	es at any time and at 電郵		1878 333 during office l 接收東華三院之持	hours.
r do not wish to use Post	EIIIdil	Filone Fax	to receive rwons	s promotional materials
簽署 Signature:		B	期 Date :	
対註 Remarks: 、 :	上空 白信封投客,册名8	沾上郵票。	 I	>

- Please cut the freepost label at the right and adhere to blank envelope. No postage is required.

 2. 捐助東華三院滿\$100的善款可申請免稅。(認購慈善獎券款項除外))
- Donation of \$100 or above to TWGHs is tax deductible. (Subscribe for raffle tickets is excepted)
- 3. 欲詢詳情、請致電 1878 333或2859 7473 予本院籌募科。 For details, please call TWGHs Fund-raising Division at 1878 333 or 2859 7473.

東華三院專用 For Offcial Use Only					
Received on		Receipt issued on			
Receipt no.	R	Receipt/TYL sent on			
Donation A/C Name	CR	Amount (HK\$)			

東華三院

簡便回郵10號GP0 Tung Wah Group of Hospitals Freepost No.10 GPO

CR