



# 金銀業貿易場慈善基金誠意呈獻： 東華三院 • 香港保齡球總會 慈善保齡球大賽

CGSE Charity Fund proudly sponsors: TWGHs • HKTBC Charity Bowling Tournament

## 捐助表格 Donation Form

如蒙支持善舉，請於**2017年12月22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。

Please send the completed form with cheque or pay-in slip by post to Fund-Raising Division,  
Tung Wah Group of Hospitals, 12 Po Yan Street, Sheung Wan or fax to 2559 6835 by **Friday, 22 December 2017**.

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  
(請在適當方格內填上「✓」號或\*刪去不適用者 Please tick the relevant box(es) or \*delete where appropriate)

### (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 Team Participation (*每隊最多4人 Max.4 players per team)	獲刊登公司徽號/芳名^ Company Logo/ Name to be Acknowledged^		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 in the Event Press Release and Annual Report
		場刊 Souvenir Programme	背板 Backdrop				
<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	_____	

^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.

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) 隊伍參賽 Team Enrolment

\$12,000 (隊伍捐款額 Team donation amount) x \_\_\_\_\_ 隊 team (\*每隊最多4人 Max. 4 players per team)

### (III) 刊登場刊廣告 Subscribing for 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frdfu1@tungwah.org.hk) Please use the provided company logo/advertisement (Please send the advertisement in ai or jpg format to frdfu1@tungwah.org.hk)

### (IV) 惠捐善款 General Donation

本人/機構未暇參與，但樂捐善款 \$ \_\_\_\_\_。  
I am/We are unable to participate in the above Tournament but would like to donate \$ \_\_\_\_\_.

捐款達\$10,000或以上者，東華三院將安排於場刊鳴謝是項捐助。  
Your generous donation will be acknowledged in TWGHs Souvenir Programme for \$10,000 or more.

鳴謝稱謂 \_\_\_\_\_  無須安排鳴謝

\*請填寫參賽者資料 Please fill in the player particulars

### 參賽者資料 Player Particulars

隊伍名稱 Name of Team	參賽者姓名 Name of Player		性別 Sex	聯絡電話 Tel. No.	電郵地址 E-mail
	中文 Chinese	英文 English			
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”. Please state “CBT” at the back of the cheque.)

支票號碼 Cheque No.: \_\_\_\_\_

**銀行 Via Bank** (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.)

滙豐銀行 HSBC 004-502-301302-001	恒生銀行 Hang Seng Bank 024-280-402660-001	東亞銀行 Bank of East Asia 015-514-40-33666-1
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中國銀行(香港) Bank of China (HK) 012-875-0-024935-9	花旗銀行 Citibank 006-391-085-55346	交通銀行香港分行 Bank of Communications (Hong Kong Branch) 027-537-930-76188
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**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，以免重複處理。Donation by credit card can be processed by faxing this form to 2559 6835. To avoid duplication, please do not post this form if faxed.)

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**  
(只適用於信用卡、PayPal或八達通捐款 By Credit Card, PayPal or Octopus only)  
請登入東華三院網頁 [www.tungwah.org.hk](http://www.tungwah.org.hk) 使用信用卡、PayPal 或八達通捐款。  
Please donate by Credit Card, PayPal or Octopus at TWGHs' website: [www.tungwah.org.hk](http://www.tungwah.org.hk).

### 善長資料 Donor Information

善長芳名 Donor Name: \_\_\_\_\_ 先生/小姐/女士/太太/公司/團體\*  
Mr./Miss/Ms./Mrs./Company/Group\*

鳴謝稱謂  
Name on Acknowledgement: \_\_\_\_\_ 先生/小姐/女士/太太/公司/團體\*  
Mr./Miss/Ms./Mrs./Company/Group\*  
(如與善長芳名不同 If different from the donor name)

捐款收據芳名 Name on Receipt: \_\_\_\_\_ 先生/小姐/女士/太太/公司/團體\*  
Mr./Miss/Ms./Mrs./Company/Group\*  
(如與善長芳名不同 If different from the donor name)

地址 Address: \_\_\_\_\_

聯絡人 Contact person: \_\_\_\_\_ 先生/小姐/女士/太太\*  
Mr./Miss/Ms./Mrs.\*

聯絡電話 Tel. no : \_\_\_\_\_ 電郵 E-mail : \_\_\_\_\_

簽署 Signature: \_\_\_\_\_ 日期 Date: \_\_\_\_\_

❖ 捐助東華三院達\$100的善款可申請政府扣稅。  
Donation of \$100 or above to TWGHs is tax deductible.

為減省行政開支，無須提供捐款收據。To help save administrative costs, no donation receipt is required.

❖ 捐款\$10,000或以上，將於東華三院年報鳴謝是項捐助。  
Donation of \$10,000 or above will be acknowledged in TWGHs Annual Report.

不用安排鳴謝。No acknowledgement arrangement is 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.
<input type="checkbox"/> 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**2017年12月22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 **22 December 2017**. Please cut the freepost label below and adhere it to a blank envelope before mailing. No postage is required.  
2. 閣下提供予本院的個人資料只會供給本院在工作上需要知道該等資料的職員使用。The personal data will be disclosed to staff member(s) of TWGHs on a need-to-know basis.  
3. 欲詢詳情，請致電1878 333 或2859 7419予本院籌募科。For enquiry, please contact the Fund-Raising Division at 1878 333 or 2859 7419.

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\$)	

東華三院  
簡便回郵10號GPO  
Tung Wah Group of Hospitals  
Freepost No.10 GPO

CBT