# 賀禮·利得·惠東華計劃捐助表格

# Celebratory / Activity Proceeds Donation Scheme Donation Form

如蒙支持善舉,請將填妥的捐助表格及捐款寄交上環普仁街12號東華三院籌募科或傳真至2559 6835。 Please send the completed form with donation by post to Fund-raising Division, Tung Wah Group of Hospitals, 12 Po Yan Street, Sheung Wan or fax to 2559 6835.

#### 惠捐善款 General Donation

請在適當空格內加上「/」號或\*刪去不適用者 Please tick the relevant box(es) or \* delete where inappropriate

本人/公司樂意捐款 I/We would like to donate



支持東華三院各項社會企業或指定服務 to support the development of various TWGHs social enterprises or other designated services

### 代金賀卡 Gift Card

捐款換取「代金賀卡」乙張作賀禮之用,向至愛親朋表達祝福

Donate to redeem a gift card, and send it to your loved ones and friends in lieu of gift on their special occasion

HK\$200	HK\$500	HK\$1,000	HK\$	
代金賀卡數量 Quantity for Gif	t Card:	捐款總 Total C	) Donation Amount: HK\$	

#### 捐款万法 Donation Method

支票 B	y Cheq	ue
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劃線支票抬頭請寫「東華三院」

Please mark your crossed cheque payable to "Tung Wah Group of Hospitals"

銀行 Bank:	支票號碼 Cheque No.: _
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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

有效日期 Expiry Date: 信用卡號碼 Credit Card no.:

月 MM/

持卡人姓名 Name of Cardholder: 持卡人簽署 Signature of Cardholder:

# 銀行捐款 Via Banks

請將存款收據**正本**連同此表格寄回本院,以便發出正式收據

Please send us the original pay-in-slip together with this completed form by post for a donation receipt

滙豐銀行

**HSBC** 

004-502-301302-001

中國銀行(香港) Bank of China (HK) 012-875-0-024935-9 恒生銀行 Hang Seng Bank

024-280-402660-001 花旗銀行

Citibank 006-391-085-55346 東亞銀行 Bank of East Asia 015-514-40-33666-1

Standard Chartered Bank

003-416-1-000171-8

渣打銀行

交通銀行香港分行 Bank of Communications (Hong Kong Branch) 027-537-930-76188

#### 善長資料 Donor Information

R

CAP

Receipt no.

Donation A/C name

Receipt/TYL sent on

Amount (HK\$)

善長芳名 Donor Name:			先生/小姐/女士/太太/公司/團體* Mr./Miss/Ms./Mrs./Company/Group*
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-mai	
地址 Address:			
捐款收據 Donat			
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收據芳名 Name on Rece	- 5. <b></b>		先生/小姐/女士/太太/公司/團體* Mr./Miss/Ms./Mrs./Company/Group*
			ent from the donor name)
AT THE RESERVE OF THE PARTY OF	院節省行政開支,無需安達 dministrative cost of TWG		eipt is not required
年報鳴謝 Ackn	owledgement in Ann	ual Report	
凡年內累積捐款 H	HK\$10,000 或以上,本院:	將於年報刊印鳴調	射,請選擇安排:
For cumulative dor	nation of HK\$10,000 or abo	ove in a year, TWG	Hs will acknowledge in its annual report.
Please select you	ır preference:		
☐ 鳴謝芳名 Name for Ackr	nowledgement:		先生/小姐/女士/太太/公司/團體* Mr./Miss/Ms./Mrs./Company/Group*
Name for Ackr	[// <b>*</b>		
Name for Ackr			Mr./Miss/Ms./Mrs./Company/Group*
Name for Ackr	(‡	required	Mr./Miss/Ms./Mrs./Company/Group* ent from the donor name)
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Tung Wah Group of Hospitals Freepost No.10 GPO

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