



## Donation Form 捐款表格

### Donor's Information 捐款人資料

Name 姓名	(Mr. / Miss / Ms. 先生 / 小姐 / 女士)	Mobile 手提
Organization 機構		Fax 傳真
Email 電郵地址		
Address 地址		

### Donation Information 捐款資料

I would like to donate to the following designation(s) (Please tick one or more) 我願意捐獻以下項目: (可選擇多於一項):

Adventist Pediatric Heart Fund 港安幼苗心臟基金	<input type="checkbox"/> HK\$300	<input type="checkbox"/> HK\$500	<input type="checkbox"/> HK\$1,000	<input type="checkbox"/> HK\$2,000	<input type="checkbox"/> HK\$ _____
Children's Hearing Fund 兒童聽覺基金	<input type="checkbox"/> HK\$300	<input type="checkbox"/> HK\$500	<input type="checkbox"/> HK\$1,000	<input type="checkbox"/> HK\$2,000	<input type="checkbox"/> HK\$ _____
Cancer Fund 癌病基金	<input type="checkbox"/> HK\$300	<input type="checkbox"/> HK\$500	<input type="checkbox"/> HK\$1,000	<input type="checkbox"/> HK\$2,000	<input type="checkbox"/> HK\$ _____
Children's Medical Fund 兒童醫療基金	<input type="checkbox"/> HK\$300	<input type="checkbox"/> HK\$500	<input type="checkbox"/> HK\$1,000	<input type="checkbox"/> HK\$2,000	<input type="checkbox"/> HK\$ _____
Otological Service Fund 耳科服務基金	<input type="checkbox"/> HK\$300	<input type="checkbox"/> HK\$500	<input type="checkbox"/> HK\$1,000	<input type="checkbox"/> HK\$2,000	<input type="checkbox"/> HK\$ _____
Children's Orthopaedic Fund 兒童骨科基金	<input type="checkbox"/> HK\$300	<input type="checkbox"/> HK\$500	<input type="checkbox"/> HK\$1,000	<input type="checkbox"/> HK\$2,000	<input type="checkbox"/> HK\$ _____
Eye Fund 護眼基金	<input type="checkbox"/> HK\$300	<input type="checkbox"/> HK\$500	<input type="checkbox"/> HK\$1,000	<input type="checkbox"/> HK\$2,000	<input type="checkbox"/> HK\$ _____
					Total 總數 HK\$ _____

### Donation Method 捐款方法

- Monthly donation 每月捐款       One-off donation 一次性捐款

<input type="checkbox"/> By crossed cheque # 劃線支票號碼# _____ Payable to <b>Hong Kong Adventist Hospital Foundation</b> 抬頭請寫上: <b>港安醫院慈善基金</b>
<input type="checkbox"/> By Credit Card 以信用卡付款 <input type="radio"/> VISA <input type="radio"/> Mastercard 萬事達 <input type="radio"/> Amex 美國運通
Card No. 信用卡號碼      _____      Expiry Date 有效日期      _____ / _____ (MM 月 / YY 年)
Cardholder's Name 持卡人姓名      _____      Signature 簽名      _____
* Please send to us by mail or by fax 3651-8840 請郵寄或傳真此表格至 3651-8840
<input type="checkbox"/> By Direct Deposit to "Hong Kong Adventist Hospital Foundation" 直接存入「港安醫院慈善基金」之銀行帳戶 Hang Seng Bank Account No. 恒生銀行戶口號碼: 773-433404-668 * Please return the deposit slip to us with this donation form 請把存款收條與本表格一併寄回

- If you do not wish to receive future information from Hong Kong Adventist Hospital Foundation, please tick the box. The Foundation will, without charge to you, comply with the requirement. The notification of such requirement may be sent to the Foundation by post, fax, electronic mail, telephone call or other means of communication through (Address: 40 Stubbs Road, Hong Kong / Tel: 2835-0569 / Fax no: 3651-8840 / E-mail address: [foundation@hkah.org.hk](mailto:foundation@hkah.org.hk))

若閣下不想再收到關港安醫院慈善基金的任何資訊, 請在方格內加 ✓。你可以隨時要求基金停止使用你的個人資料作為籌募善款之用。基金不會因此要求而收取費用。此項要求可以藉郵件、圖文傳真、電子郵件、電話通話或其他形式的傳訊, 通知基金 (地址: 香港司徒拔道 40 號 / 電話: 2835-0569 / 圖文傳真號碼: 3651-8840 / 電郵地址: [foundation@hkah.org.hk](mailto:foundation@hkah.org.hk))。

Please note that all donations will be issued a receipt. Donations over \$100 are tax deductible. Donations that do not specify any particular fund will be applied to Children's Medical Fund which could be transferred to the children's funds listed above on a "where needed most" basis or used for other children's life-changing/life-saving medical treatments.

Note: only 5% of funds collected will be used for administrative costs.

Hong Kong Adventist Hospital Foundation is a recognised charitable organization in Hong Kong, and TMF Trust(HK) Limited is the trustee.

所有捐款均獲發收據, 超過港幣\$100的均可申請扣稅之用。倘若捐款並未指定受惠之基金名稱, 一概會撥捐「兒童醫療基金」, 並以「最急切者優先」為原則供以上各項兒童基金使用, 或供該基金作其他有關兒童生命改善 / 生命拯救的醫療用途。

註: 所收取款項的百分之五將用於行政費用支出。

港安醫院慈善基金是一間香港認可慈善機構, 其信託人為達盟信託服務(香港)有限公司。