



Hong Kong Adventist Hospital Foundation - Donation Form  
**港安醫院慈善基金 - 捐款表格**  
 Board of Governors - Tsuen Wan 荃灣理事會



ID: 103373692



Online donation:  
網上捐款



Please provide: contact name, donation details and screenshot of FPS transfer.  
 請提供: 聯絡姓名、捐款意願及轉數快捐款截圖。

**General Donation 惠捐善款**

- One-off Donation 一次性捐款**  HK\$5,000  HK\$8,000  HK\$10,000  HK\$ .....
- Monthly Donation 每月捐款**  HK\$ .....

**Designated Donation 基金捐款**

- Medical & Development Fund 醫療基金及發展基金**

(Optional) Please check the box below if you would like to donate to a specific program:  
 (選擇性填寫) 捐款意願:

- Charity Cataract Program 慈善白內障手術計劃**

**Donor Information 善長資料**

Donor Name 善長芳名 .....

Contact person 聯絡人 .....

(Mr./Miss/Ms./ Organization 先生/小姐/女士/團體)

Tel. no. 聯絡電話 .....

E-mail 電郵 .....

Address 地址 .....

- Donation Receipt 捐款收據**  Not required 無需收據  Required 請提供收據

Name on receipt 收據芳名 (If different from donor name 如與善長芳名不同) .....

**Donation Method 捐款方法**

(Please send donation form and bank-in-slip. 請提供捐款表格及入數收據)

**Cheque 支票**

Please make the cheque payable to 'HK Adventist Hospital Foundation-Tsuen Wan' and post with this completed form to us.

請將抬頭「HK Adventist Hospital Foundation-Tsuen Wan」的劃線支票，連同此表格寄回本院。

**Bank Deposit 直接存款**

Please send the bank-in slip together with this completed form to us.  
 請將收據連同此表格發回本院。

- Account Name: **HK Adventist Hospital Foundation-Tsuen Wan**  
 戶口名稱:
- Bank Name: **Hang Seng Bank**  
 銀行: **恒生銀行**
- A/C Number: **773-433412-668**  
 戶口號碼:

**Credit Card 信用卡**

Please send the completed form to us.  
 請將信用卡捐款表格發回本院。

- VISA  Mastercard  AMEX

Card No. \_\_\_\_\_

信用卡號碼: \_\_\_\_\_

Expiry Date \_\_\_\_\_ / \_\_\_\_\_

有效日期: MM 月 / YY 年

Cardholder's Name \_\_\_\_\_

持卡人的姓名: \_\_\_\_\_

Signature \_\_\_\_\_

簽名: \_\_\_\_\_

Signature 簽署: .....

Date 日期: .....

- Receipts will be issued for all donations. Donations over \$100 are tax-deductible. 所有捐款均獲發收據，捐款港幣\$100或以上獲發之收據可用作扣稅之用。
- Please indicate the beneficiary designation (e.g. Medical Fund/ Cataract Program) at the back of the cheque, otherwise the donations will be applied on a 'most-needed' basis or used for other life-changing/life-saving medical treatments. 請在支票背面列明指定受惠對象或捐助目的(如醫療基金/白內障計劃)，否則捐款將以「最迫切需要」為原則供各項基金使用，或用於其他改變生命/拯救生命之醫療服務。
- Note: 10% of donations will be used as the administration costs of HKAHF (recognized Hong Kong charitable organization). 註: 所收取善款的百分之十將用於行政費用支出。港安醫院慈善基金是一間香港認可的註冊慈善機構。
- All funds listed above are under Hong Kong Adventist Hospital Foundation (Board of Governors - Tsuen Wan), to help individuals with different needs. 上述均為港安醫院慈善基金-荃灣理事會轄下的基金，旨在為有不同需要人士提供援助。