



北區醫院慈善信託基金
North District Hospital Charitable Foundation

捐助表格 Donation Form

請以正楷填寫此表格
Please complete this form in BLOCK letter

請將此表格連同捐款支票或銀行存款收據一併寄回「新界上水保健路9號北區醫院一樓北區醫院慈善信託基金」。
如有任何查詢，請致電2683 7985

Please send this form with the cheque or bank pay-in slip by mail to "North District Hospital Charitable Foundation, 1/F North District Hospital, 9 Po Kin Road, Sheung Shui, NT". For enquiry, please call 2683 7985.

捐款者資料 Donor Information

以個人名義捐贈 Individual Donor

姓名 Name _____

先生 Mr/ 女士 Ms/ 小姐 Miss/ 其他 Others (請註明 please specify _____)

以機構名義捐贈 Corporate Donor

機構名稱 Organization Name _____

聯絡人 Contact Person _____ 先生 Mr/ 女士 Ms/ 小姐 Miss/ 其他 Others (請註明 please specify _____)

聯絡電話 Contact No. _____ 傳真 Fax _____ 電郵 Email _____

地址 Address _____

收據抬頭 Name on Receipt _____

本人/ 本機構願意 I / We would like to

單次捐款 Make an one-off donation of

港元 HKD: \$100 \$500 \$1,000 \$5,000 \$10,000 其他 Other amount \$: _____

每月定額捐款 Donate on a monthly basis

港元 HKD: \$100 \$300 \$500 \$1,000 \$2,000 其他 Other amount \$: _____

捐款港幣100元或以上可憑收據申請稅項減免。Donations of HK\$100 or above are tax deductible.

*本基金或會於網頁/其他途徑對捐款善長或機構作出鳴謝。如不同意，請在以下方格加上✓號。

NDHCF may acknowledge donations on the website or by other means. If you do not agree, please tick ✓ the box below.

我不同意貴基金鳴謝本人/ 本機構。I do not agree to have my donation/ donation of the organization acknowledged by NDHCF.

捐款方法 Donation Method

劃線支票 Crossed Cheque

支票抬頭請寫「北區醫院慈善信託基金」Please make cheque payable to "North District Hospital Charitable Foundation"

支票號碼 Cheque No: _____

信用卡 Credit Card VISA MASTERCARD

信用卡號碼 Card No. _____ 有效日期至 Expiry Date _____ 月 Month _____ 年 Year

持卡人姓名 Cardholder's Name _____ 持卡人簽署 Cardholder's Signature _____

直接存入基金戶口 Direct Pay-in to Bank Account

中國銀行(香港) Bank of China (Hong Kong) 012-875-1139935-3

請把存款收條正本連同此表格寄回，以便發出收據。Please mail the **original** bank pay-in-slip together with this form for an official receipt.

個人資料收集聲明 Personal Information Collection Statement

本表格所收集閣下的個人資料將嚴格保密處理，並只會向慈善信託基金及北區醫院提供，以用作與籌募相關事宜及發出收據。

根據《個人資料(私隱)條例》，由於慈善信託基金及北區醫院擬使用閣下的個人資料(即你的姓名和聯絡資料)進行慈善募捐，我們需先取得閣下的同意，但慈善信託基金及北區醫院在未得到你的同意之前不會如此使用你的個人資料。

Your personal data collected in this form will be kept strictly confidential and made available only to the North District Hospital Charitable Foundation (NDHCF) and North District Hospital (NDH) to use for purposes relating to donation matters and for issuing receipts.

Under the Personal Data (Privacy) Ordinance, NDHCF and NDH need to obtain your consent as we intend to use your personal data (i.e. your name and contact data) for solicitation of donations for charitable purposes to NDHCF and NDH but will not so use your personal data unless your consent is received.

使用個人資料作籌募推廣 Use of Personal Data for Solicitation of Donations

如閣下不同意我們使用你的個人資料為慈善信託基金及北區醫院進行募捐，請於下方空格加上✓號。

Please tick the box below if you do not agree to the use of your personal data for solicitation of donations by NDHCF and NDH.

我不同意慈善信託基金及北區醫院使用我的個人資料作上述用途。I do not agree to the proposed use of my personal data as stated above.

閣下有權隨時查閱和改正慈善信託基金及北區醫院持有關於你的個人資料。如要行使上述權利或不欲再收到慈善信託基金及北區醫院有關慈善募捐的推廣資訊，請致電2683 7985或電郵至ndhcf@ha.org.hk與北區醫院慈善信託基金聯絡。

You have rights of access and correction with respect to your personal data held by NDHCF and NDH. If you wish to exercise these rights or you do not wish to receive any promotional materials on solicitation for donations to NDHCF and NDH afterwards, please contact NDHCF at 2683 7985 or by email ndhcf@ha.org.hk

簽署
Signature: _____

日期
Date: _____



沿實線剪下

請沿虛線摺疊

多謝您的慷慨捐助
Thank you for your generous donation

請勿郵寄現金
Please do not send cash by mail

請沿虛線摺疊



新界上水
保健路9號北區醫院一樓
北區醫院慈善信託基金

North District Hospital Charitable Foundation
1/F North District Hospital,
9 Po Kin Road,
Sheung Shui, NT

請貼郵票
Stamp

請沿此線摺疊
請用膠水封口·切勿用釘書釘

沿實線剪下

