

Signature: _

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**.

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□ 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 \$: □ 毎月定額捐款 Donate on a monthly basis 港元 HKD: ○\$100 ○\$300 ○\$500 ○\$1,000 ○\$2,000 ○其他 Other amount \$: □ 指放港幣100元或以上可憑收達中語榜項減免。 Donations of HKs200 or above are tax deductible. *本基金或會於銅頁/其他途徑對捐款善長或機構作出隔謝。如不同意。請在以下方格加上 ✓ 號。 NDHCF may acknowledged donations on the website or by other means. If you do not agree, please tick ✓ the box below. □ 我不回盘對蔣金剛滿本人/ 本機構。 I do not agree to have my donation/ donation of the organization acknowledged by NDHCF. ■ 副緣支票 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 Gredit Card ○ VISA ○ MASTERCARD 信用卡號碼 Card No. □ 持卡人姓名 Cardholder's Name ─ 持卡人姓名 Cardholder's Name ─ 持卡人姓名 Cardholder's Name ─ 持卡人姓名 Cardholder's Name ─ 持卡人被害 Cardholder's Name ── 持非人性名 Cardholder's Name ── 持非人性名 Cardholder's Name ── 持非人性名 Cardholder's Name ── 持非人教皇企同口 Direct Pay-in to Bank Account 中國銀行(香港) Bank of China (Hong Kong)		
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持卡人姓名 Cardholder's Name		
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 <u>original</u> bank pay-in-slip together with this form for an offical 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(如 plow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(以 plow的姓名和聯絡資料) 也可以 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.	信用卡號碼 Card No	
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□ 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		

日期

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

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

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