



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.

☐ 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 \_\_\_\_\_

☐ 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.

☐ 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 \_\_\_\_\_ 年

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



請貼郵票  
Stamp

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

請沿此線摺疊  
請用膠水封口，切勿用釘書釘