

九龍加士居道30號
伊利沙伯醫院S座202室
Room 202, Block S
Queen Elizabeth Hospital
30 Gascoigne Road, KOWLOON

請在此貼上郵票
PLEASE AFFIX
STAMP HERE

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，並只會向本基金及伊利沙伯醫院(下稱「伊院」)提供，以用作與籌募相關事宜及發出收據的目的。

根據《個人資料(私隱)條例》，由於本基金及伊院擬使用你的個人資料(即你的姓名和聯絡資料)進行慈善募捐，我們需先取得你的同意，但本基金及伊院在未得到你的同意之前不會如此使用你的個人資料。

使用個人資料作籌募推廣

如你願意繼續支持本基金及伊院的慈善工作，並同意我們使用你的個人資料為本基金及伊院進行慈善募捐，請於下方空格簽署。如你不同意，則無需簽署。

你有權隨時查閱和改正本基金及伊院持有關於你的個人資料。如要行使上述權利或欲再收到本基金及伊院有關慈善募捐的推廣資訊，請致電3506 8993或電郵至 qehct@ha.org.hk與本基金聯絡。

Your personal data collected in this form will be kept strictly confidential and made available only to QEHCT and Queen Elizabeth Hospital (QEH) to use for purposes relating to donation matters and for issuing receipts.

Under the Personal Data (Privacy) Ordinance, QEHCT and QEH 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 QEHCT and QEH but will not so use your personal data unless your consent is received.

Use of Personal Data for Solicitation of Donations

Please sign in the space below if you agree to support the charity work of QEHCT and QEH and the use of your personal data for solicitation of donations to QEHCT and QEH. If you find such use not acceptable, your signature is not required.

You have rights of access and correction with respect to your personal data held by QEHCT and QEH. If you wish to exercise these rights or you do not wish to receive any promotional materials on solicitation for donations to QEHCT and QEH afterwards, please contact QEHCT at 3506 8993 or by email qehct@ha.org.hk.

捐款人簽名

Signature of Donor: _____

日期

Date: _____

聯絡我們 Contact Us

☎ 電話Tel: 3506 8993

✉ 電郵Email: qehct@ha.org.hk

🌐 網址Website: <https://www3.ha.org.hk/qeh/qehct/>



衷心感謝您的慷慨捐贈
Our heartfelt thanks to
your generous donation !



The Queen Elizabeth Hospital Charitable Trust
伊利沙伯醫院慈善信託基金


捐款表格 Donation Form




伊利沙伯醫院慈善信託基金在1995年成立，為達到以下目標籌募善款：
The Queen Elizabeth Hospital Charitable Trust (QEHT) was established in 1995 with an aim to meet the following purposes:



 **支援伊院的醫療服務**
To support the healthcare services of QEH

 **持續提升醫療質素，
支援病人身心社靈需要**
To enhance the continuous quality improvement of healthcare services, supporting the physical, psychosocial and spiritual needs of patients

 **購置先進儀器，推動醫療發展**
To acquire state-of-the-art equipment, promoting the advancement of medicine

 **促進員工發展及提供支援**
To facilitate staff development and give support

感謝慷慨解囊！

善款將為有需要的病人及其家人
帶來希望！

Thank you for your generous donation.

It will bring hope to patients and families in need!

請在此封口 Please seal here

捐款詳情 Donation Details

☐ 請於適當方格內加上「✓」號 Please tick the appropriate box

	<input type="checkbox"/> 單次捐款 One-off <input type="checkbox"/> 每月定額捐款 Monthly (僅適用於信用卡捐款 Only applicable to donation by credit card)
捐款金額 Donation Amount	港幣HK\$ <input type="checkbox"/> 100 <input type="checkbox"/> 500 <input type="checkbox"/> 1,000 <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 其他 Other amount: _____
捐款方法 Donation Method	<div>1. <input type="checkbox"/> 劃線支票 Crossed Cheque (必須以英文填寫支票抬頭 Payable to: THE QUEEN ELIZABETH HOSPITAL CHARITABLE TRUST) 支票號碼 Cheque No. _____ 簽發銀行 Issuing Bank: _____</div> <div>2. <input type="checkbox"/> 銀行直接存款/轉賬 Bank Deposit/Transfer (香港上海滙豐銀行戶口 HSBC Account No. 500-404686-001) 請附存款/轉賬收據正本 Please enclose the original bank-in/transfer slip</div> <div>3. <input type="checkbox"/> 信用卡 Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> 萬事達卡 MasterCard 信用卡號碼 Card No. _____ 持卡人姓名 Cardholder's Name: _____ 有效期至 Expires: ____/____ (月/年 mm/yy) 持卡人簽名 Cardholder's Signature*: _____ <small>*簽名須與閣下之信用卡簽名相同 Same as Signature on credit card</small></div> <div>4. <input type="checkbox"/> 現金 In Cash [請勿郵寄現金 Please DO NOT MAIL CASH] 請將現金捐款連同本表格投入本基金捐款箱內。請瀏覽本基金網址 (見背頁) 了解捐款箱位置。 Please put the cash donation together with this form into any of QEHT donation boxes. For the locations, please visit QEHT website as shown overleaf.</div> <div>5. 您可透過八達通手機應用程式捐款，無需填表。 You can make donation via Octopus App. Submission of this form is not required.</div>
捐款目的 Donation Purpose	<input type="checkbox"/> 支援一般伊利沙伯醫院服務 Support the general services of QEH <input type="checkbox"/> 支援伊利沙伯醫院特定服務 Support a specific service of QEH (請註明部門名稱及用途 Please specify the department and the purpose): _____

捐款人資料 Donor's Particulars

為方便文書處理，請以英文正楷填寫
Please fill in this form in BLOCK LETTERS

<input type="checkbox"/> 個人名義捐款 Individual Donor	<input type="checkbox"/> 機構名義捐款 Corporate Donor
姓名 Name: _____ #先生/女士/太太 Mr/Ms/Mrs	
機構名稱 Name of organisation: _____	
收據上姓名 (如與上述不同) Name on receipt if different from above: _____	
郵寄地址 Mailing address: _____	
電話 Telephone: _____	電郵 Email: _____ 傳真 Fax: _____
#請刪去不適用者 Please delete as appropriate	

☐ 需要收據 An official receipt is required.
捐款港幣一百元以上可獲發收據作扣稅用途。除特別註明外，捐款收據將按上述善長芳名或機構名稱發出。
Donation receipt will be issued for donation of HK\$100 or above which is tax-deductible.
The donation receipt will be issued to the name of individual or organisation provided above unless otherwise specified.

☐ 需要致謝信 A thank you letter is required.

本基金或會向捐款人 / 機構作出鳴謝。如不同意，請於以下註明。 Acknowledgement to donor may be arranged. If you do not agree, please indicate below.

☐ 本人 / 機構不同意伊利沙伯醫院慈善信託基金鳴謝本人 / 機構的捐款。

I / We do not agree to have my donation / donation of the organisation acknowledged by QEHT.

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