



善心醫療基金

The Hospital Authority New Territories West Cluster Hospitals Charitable Trust



Donation Form 捐款表格

I / Our organization* would like to make a donation of the following amount to support the Hospital Authority New Territories West Cluster Hospitals Charitable Trust:

本人 / 機構* 樂意捐助以下金額，以支持善心醫療基金：

Donation Amount 捐款金額 HK\$ 港幣 _____

Donor's information 捐款者資料

Individual Donation 以個人名義捐款

Corporate Donation 以機構名義捐款

Name 善長芳名/機構名稱: _____ (Mr 先生/ Ms 女士/ Mrs 太太)

Tel 聯絡電話: _____ Fax 傳真: _____

Email 電郵: _____

Address 地址: _____

If the name of the receipt is different from the above, please state:

如收據抬頭與上述捐款人姓名/捐款機構名稱不同，請註明: _____

For corporate donor, please state name and title of the contact person:

若屬機構捐款，請註明聯絡人姓名及職銜: _____

Remarks 備註: _____

Donation Method 捐款方法

Crossed Cheque 劃線支票

Please make your crossed cheque payable to "NTWC Charitable Trust" and mail together with this reply to our office (address shown overleaf)

劃線支票抬頭請寫「善心醫療基金」，並連同此表格郵寄至本基金辦事處（地址見背頁）

Direct Transfer to Bank Account 直接存入基金戶口

Bank of East Asia A/C No. 東亞銀行戶口: 015-518-25-01293-2

Please send the bank pay-in-slip together with this form to our office (address shown overleaf)

請將銀行存款收據連同此表格郵寄至基金辦事處（地址見背頁）

Credit Card 信用卡

Visa

Master

Cardholder's Name 持卡人姓名: _____

Credit Card No. 信用卡號碼: _____

Expiry Date 有效日期至: _____ MM 月 / _____ YY 年

Cardholder's Signature 持卡人簽署: _____

Remarks: Receipt will be issued for donation of HK\$100 or above

備註：捐款港幣一百元或以上可獲發收據

Personal Information Collection Statement

Your personal data collected in this form will be kept strictly confidential and made available only to The Hospital Authority New Territories West Cluster Hospitals Charitable Trust ("Hospital Trust") and New Territories West Cluster of the Hospital Authority ("NTWC") to use for purposes relating to donation matters and for issuing receipts.

Under the Personal Data (Privacy) Ordinance, Hospital Trust and NTWC 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 Hospital Trust and NTWC 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 Hospital Trust and NTWC and the use of your personal data for solicitation of donations to Hospital Trust and NTWC. If you find such use not acceptable, then your signature is not required.

You have rights of access and correction with respect to your personal data held by Hospital Trust and NTWC. If you wish to exercise these rights or you do not wish to receive any promotional materials on solicitation for donations to Hospital Trust and NTWC afterwards, please contact the Secretary Office of The Trust at 2468 5464 or by email ntwc.charitabletrust@ha.org.hk.

個人資料收集聲明

本表格所收集閣下的個人資料將嚴格保密處理，並只會向善心醫療基金（下稱「基金」）及醫院管理局新界西聯網（下稱「新界西聯網」）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》，由於基金及新界西聯網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，但基金及新界西聯網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

如閣下願意繼續支持基金及新界西聯網的慈善工作，並同意我們使用你的個人資料為基金及新界西聯網進行慈善募捐，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基金及新界西聯網持有關於你的個人資料。如要行使上述權利或不欲再收到基金及新界西聯網有關慈善募捐的推廣資訊，請致電 2468 5464 或電郵至 ntwc.charitabletrust@ha.org.hk 與基金秘書處聯絡。

Signature of the Donor 捐款人簽署: _____

Date 日期: _____

Address: The Hospital Authority New Territories West Cluster Hospitals Charitable Trust
Tuen Mun Hospital, Tsing Chung Koon Road, Tuen Mun, New Territories
c/o Public Affairs & Donation Management Unit

地址： 新界屯門青松觀路 屯門醫院 善心醫療基金
經辦部門：新界西醫院聯網公共事務及籌募組

Tel 電話：2468 5464

Fax 傳真：2464 4643