善心醫療基金
The Hospital Authority
New Territories West Cluster
Hospitals Charitable Trust

屯門醫院
Tuen Mun Hospital

博愛醫院
Pok Oi Hospital

青山醫院
Castle Peak Hospital

小欖醫院
Siu Lam Hospital

新界西・醫院聯網
New Territories West Cluster

請貼上郵票
Please
Stamp Here

善心醫療基金
The Hospital Authority
New Territories West Cluster
Hospitals Charitable Trust

新界屯門青松觀路
屯門醫院（秘書及公共事務）
Tuen Mun Hospital (Secretariat and Public Affairs)
Tsing Chung Koon Road, Tuen Mun, N.T.

多謝您的慷慨捐助

Thank You for Your Generous Donation

成立目的 • Mission

善心醫療基金的使命，是希望促進社區健康，並幫助新界西（包括屯門、元朗及天水圍）有需要的病患者，尤其是上述地區以基層及低收入家庭為主，較為依賴公營醫療系統提供服務。

善心醫療基金於2007年9月成立，善款由信託委員會監管運用，並投放於醫院管理局新界西聯網轄下各間醫院，包括屯門醫院、博愛醫院、青山醫院及小欖醫院。

The Hospital Authority New Territories West Cluster Hospitals Charitable Trust ("Trust") has a mission to serve needy patients in Tuen Mun, Yuen Long and Tin Shui Wai. These districts have many families come from grassroots and low-income who rely heavily on public health services.

The Trust was established in September 2007 to fund medical and treatment programmes for the Cluster's Hospitals, including Tuen Mun Hospital, Pok Oi Hospital, Castle Peak Hospital and Siu Lam Hospital. The use of funding is under supervision of the Trustees.

籌款活動 • Fund-raising Activities

善心醫療基金成立至今，一直得到善長仁翁的支持，歷年又舉行大型活動，籌募善款，惠澤社群。

The Trust is supported by the public in the past years and some highlighted activities were held for fund-raising. All the funds are put to the best possible use to the patients and their families.

「愛樂樂韻延善心」香港愛樂團慈善音樂會
HKSAR Philharmonic Orchestra Concert

「悠悠粵韻揚善心」慈善粵曲晚會
Chinese Opera Concert

聯絡我們 • Contact Us

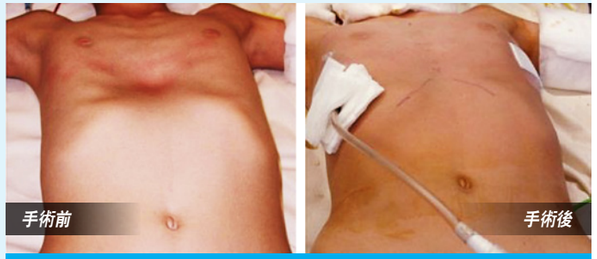
2468 5464　2464 4643　ntwc.spa@ha.org.hk

http://www.ha.org.hk/tmh/ch/about_us/trust.asp

資助項目 • Funded Projects

善心醫療基金的資助項目，包括引入嶄新的醫療科技、購置新醫療儀器及改善醫院環境等，讓病患者獲得全面而優質的醫療服務，多年來的資助額逾數百萬元。

The Trust endeavors to provide more affordable and better care to patients in the years ahead with a wider range of projects for more than millions dollars, including purchased new medical equipment, operations consumables and sponsored hospital environment improvement.



先天性胸廓畸形（漏斗胸）微創手術
Minimally Invasive Surgery for Repair of Pectus Excavatum

在病童肋骨旁開孔，以微創方式導入鈦金屬進行矯形，所造成的傷口較傳統的開胸手術為小。
Make small incisions on chest wall and insert a curved metal bar to correct the depression in a minimally invasive way.

銩激光前列腺切除手術
Thulium Laser Prostatectomy

與傳統切除方式比較，可減少病人大量出血的風險。
Reduce the risk of massive hemorrhage comparing with traditional surgery.

接載癌症病人小巴捐贈
Purchase of Private Light Bus for Cancer Patients

購買設有輪椅托架及升降台的小巴，接送病情嚴重及行動不便的病人往返醫院接受治療。
Purchase a Rehabus with wheelchair elevating platform for cancer patients who are severely ill or physically disable, travelling to and from hospital for follow-up consultations.

產科病房外環境改善工程
Seats en route Project outside Obstetric Ward

在屯門醫院產科病房外設立休憩區，讓產婦及其家屬使用。
Establish a resting lounge outside the obstetric ward in Tuen Mun Hospital for pregnancy women and their relatives.

請沿紅線剪出、依虛線摺疊，封邊後寄回。

捐款表格 • Donation Form

本人／機構* 樂意捐助以下金額，以支持善心醫療基金：
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:

捐款金額 Donation Amount 港幣 HK$ _____

捐款者資料 • Donor's Information

○ 先生 Mr ○ 女士 Ms ○ 太太 Mrs

善長芳名／機構名稱 Name: _____

聯絡電話 Tel: _____ 傳真 Fax: _____

電郵 E-mail: _____

地址 Address: _____

_____

如收據上的名稱與上述捐款人姓名／機構名稱不同，請註明：
If the name of the receipt is different from the above, please state:

_____

若屬機構捐款，請註明聯絡人及職銜：
For corporate donor, please state name & title of contact person:

_____

捐款方法 • Donation Method

☐ **劃線支票 Crossed Cheque**

劃線支票抬頭請寫「善心醫療基金」
Please make your crossed cheque payable to "NTWC Charitable Trust"

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

東亞銀行 Bank of East Asia: 015-518-25-01293-2

☐ **信用卡 Credit Card** ○ Visa ○ Master

持卡人姓名 Cardholder's Name : _____

信用卡號碼 Card No.: _____

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

持卡人簽署 Cardholder's signature: _____

請填妥此表格，連同支票或銀行存款收據郵寄至本基金辦事處（地址見背頁）；信用卡捐款可傳真至 2464 4643。
Please send this form together with the cheque or bank pay-in-slip to the office of the Trust (Address shown overleaf). Credit card donation can be faxed to 2464 4643.

** 請刪去不適用者 Please delete as appropriate*

備註 Remarks : 捐款港幣 100 元或以上可獲發收據 A receipt will be issued for donation of HK$100 or above

請沿紅線剪出、依虛線摺疊，封邊後寄回。

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，並只會向醫院管理局新界西聯網（下稱「新界西聯網」）及善心醫療基金（下稱「基金」）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》，由於新界西聯網及基金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，但新界西聯網及基金在未得到你的同意之前不會使用你的個人資料。

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

Under the Personal Data (Privacy) Ordinance, NTWC and Hospitals Trust 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 purposed to NTWC and Hospitals Trust but will not so use your personal data unless your consent is received.

同意使用個人資料作籌募推廣
Agree to the Use of Personal Data for Solicitation of Donations

如閣下願意繼續支持新界西聯網及基金的慈善工作，並同意我們使用你的個人資料為新界西聯網及基金進行募捐，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新界西聯網及基金持有關於你的個人資料。如要行使上述權利或不欲再收到新界西聯網及基金有關慈善募捐的推廣資訊，請致電 2468 5464 或電郵至 ntwc.spa@ha.org.hk 與基金秘書處聯絡。

Please sign in the space below if you agree to support the charity work of NTWC and Hosptials Trust and the use of your personal data for solicitation of donations to NTWC and Hospitals Trust. 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 NTWC and Hospitals Trust. If you wish to exercise these rights or you do not wish to receive any promotional materials on solicitation for donations to NTWC and Hosptials Trust afterwards, please contact the Secretary Office of Hospitals Trust at 2468 5464 or by email: ntwc.spa@ha.org.hk.

捐款人簽署
Signature of the Donor

日期 Date