

Hospital Donation 醫院捐款

- | | | | | |
|---|------------------------------------|------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Community Outreach Care Program
社區關愛計劃 | <input type="checkbox"/> HK\$5,000 | <input type="checkbox"/> HK\$8,000 | <input type="checkbox"/> HK\$10,000 | <input type="checkbox"/> HK\$ _____ |
| <input type="checkbox"/> Medical Service 醫療服務
願意捐助的服務 (如: 結腸內視鏡) Service Name (e.g. Colonoscopy) | <input type="checkbox"/> HK\$5,000 | <input type="checkbox"/> HK\$8,000 | <input type="checkbox"/> HK\$10,000 | <input type="checkbox"/> HK\$ _____ |
- 次數 (如: 每月兩次) Quantity (e.g. 2 cases per month)

Donor information 善長資料

Donor Name 善長芳名 _____
(Mr./Miss/Ms./ Organization 先生/小姐/女士/團體)

Contact person 聯絡人 _____

Tel. no. 聯絡電話 _____ E-mail 電郵 _____

Address 地址 _____

Donation Receipt 捐款收據 Not required 無需收據 Name _____
on receipt 收據芳名 (If different from donor name 如與善長芳名不同) Required 請提供收據

(Mr./Miss/Ms./ Organization 先生/小姐/女士/團體)

Donation method 捐款方法

☎ (Please send donation form and bank-in-slip. 請提供捐款表格及入數收據)

Cheque 支票

Please make the cheque payable to "Hong Kong Adventist Hospital - Tsuen Wan" and post with this completed form to us.
請將抬頭「香港港安醫院 - 荃灣」的劃線支票，連同此表格寄回本院。

Bank Deposit 直接存款

Please send the bank-in slip together with this completed form to us. 請將收據連同此表格發回本院。

- Account Name: Hong Kong Adventist Hospital - Tsuen Wan
戶口名稱: 香港港安醫院 - 荃灣
- Bank Name: Hang Seng Bank
銀行: 恒生銀行
- A/C Number: 395-443922-883
戶口號碼: _____

Credit Card 信用卡

Please send the completed form to us.
請將信用卡捐款表格發回本院。

VISA Mastercard AMEX

Card No. _____
信用卡號碼: _____

Expiry Date _____
有效日期: MM 月 / YY 年

Cardholder's Name _____
持卡人的姓名: _____

Signature _____
簽名: _____

Signature 簽署: _____

Date 日期: _____

- Donations over \$100 are tax-deductible with an official receipt. 捐款港幣\$100或以上，獲發收據及可用作扣稅之用。
- Please indicate the particular purpose (e.g. Community Outreach Care Program/ Medical Service) at the back of the cheque, otherwise the donations will be applied on a 'most-needed' basis or used for other life-changing/life-saving medical treatments. 請在支票背面列明指定受惠對象或捐助目的(如外展小區護理計劃/醫療服務)，否則捐款將以「最迫切需要」為原則供各項基金使用，或用於其他改變生命/拯救生命之醫療服務。