



香港醫學會慈善基金

THE HONG KONG MEDICAL ASSOCIATION CHARITABLE FOUNDATION

捐款表格 Donation Form

為方便處理，請以英文正楷填寫。

Please fill in this form in BLOCK LETTERS for computer processing.

本人 / 本機構 願意捐款港幣 _____ 元。

I / We would like to donate the sum of HK\$ _____.

善長資料 Particulars of Donor

個人 Individual

請刪除不適用者。Please delete as appropriate.

英文姓名 English Name: Mr / Ms / Miss / Dr / Prof 中文姓名 先生/女士/小姐/醫生/教授 出生日期 Date of Birth

姓氏 Last Name 名 First Name 日 Day / 月 Month

通訊地址 Correspondence Address:

聯絡號碼 Contact no.:

電郵 Email:

團體 Corporate

名稱 Name:

聯絡人 Contact Person:

職位 Position:

通訊地址 Correspondence Address:

聯絡號碼 Contact no.:

電郵 Email:

簽名 Signature :

日期 Date :

所收集的個人資料為絕對保密資訊，並只被用作發放捐款收據，會務通訊，籌集經費及收集意見之用途。

Any personal data collected will be treated in strict confidentiality and used only for issuing receipts, fostering communications, raising funds and conducting donor survey for the HKMACF.

捐款方式 Donation Method

- 透過轉數快/銀行轉賬至香港醫學會慈善基金 東亞銀行戶口 015-188-40-01993-8 並將捐款表格及轉賬收據電郵至 hkmacf@hkmacf.org。若沒有提供轉賬收據，恕本會未能簽發捐款收據。

Via FPS/bank transfer to **The Hong Kong Medical Association Charitable Foundation** Bank of East Asia a/c 015-188-40-01993-8 and submit the donation form and transaction advice to hkmacf@hkmacf.org. Donation receipt will not be issued if donor cannot provide transaction advice.

- 以支票形式捐贈至『香港醫學會慈善基金』，並連同捐款表格郵遞至香港灣仔軒尼詩道十五號 溫莎公爵社會服務大廈五樓。

By crossed cheque payable to “**The Hong Kong Medical Association Charitable Foundation**”, and post along with the donation form to **5th Floor, Duke of Windsor Social Service Building, 15 Hennessy Road, Hong Kong.**

備註 Note: 捐款港幣壹佰元或以上可獲扣稅收據。Donations over HK\$100 are tax deductible.