

## 捐款表格 | DONATION FORM

### 捐款人資料 DONOR PARTICULARS

姓名 Name \_\_\_\_\_ (  Mr 先生 /  Mrs 太太 /  Ms 小姐 /  Dr 醫生 /  Prof 教授 /  Company 公司 )  
公司名稱 Company Name \_\_\_\_\_  
地址 Address \_\_\_\_\_  
電話 Tel \_\_\_\_\_ 職業 Occupation \_\_\_\_\_  
電郵 Email \_\_\_\_\_ 捐款金額 Donation Amount (HK\$) \_\_\_\_\_

- 如需收據 (捐款HK\$100或以上) , 請提供捐款人姓名及地址。  
If receipt is required (for donations of HK\$100 or above), please provide name and address of donor.
- 閣下提供的個人資料, 將絕對保密。  
Your personal information will be treated as strictly confidentially.
- 請寄回收據。(請注意: 若捐款人姓名或地址欠奉, 恕不能發回收據。)  
Please send me a receipt. (Union Hospital regrets that it cannot provide receipts to donors who fail to provide either their name or address.)
- 本人希望接收「仁心仁術慈善計劃」有關活動資訊。  
I would like to receive related information of Union Hospital Charity Program.

### 捐款方法 Donation Method:

-  支票捐款 Cheque Payment  
劃線支票抬頭請寫「仁心仁術慈善計劃有限公司」  
Please make cheque (crossed) payable to "Union Hospital Charity Program Ltd."
-  自動櫃員機轉賬 / 銀行直接存款 Donation Deposit to Bank Account:  
「仁心仁術慈善計劃有限公司」恆生銀行戶口: 024-773-884-127883  
"Union Hospital Charity Program Limited" Hang Seng Bank A/C No. 024-773-884-127883

請將劃線支票或存款收據, 連同此表格一併寄回至以下地址:  
Please send your cheque / pay-in slip together with this form completed and send to:

香港沙田大圍富健街18號仁安醫院「仁心仁術慈善計劃」  
"Union Hospital Charity Program Ltd.",  
Union Hospital, 18 Fu Kin Street, Tai Wai, Shatin, Hong Kong

謝謝您的慷慨捐助! THANK YOU FOR YOUR GENEROUS DONATION!