Hong Kong Adventist Hospital Foundation
港安醫院慈善基金

Donation Form 捐款表格:

Donor's information 捐款人資料

Name: (*Mr/Miss/Mrs)

姓名：(*先生/ 小姐/ 太太) _____

Organization 機構: _____

Address 地址: _____

_____

Tel 電話: _____ Fax 傳真: _____

Email 電郵地址: _____

I would like to donate to the following designation(s):
我願意捐獻以下項目:
(Please tick one or more) (可選擇多於一項):

- ☐ Children's Heart Fund 兒童心臟基金 HK$_____
- ☐ Children's Hearing Fund 兒童聽覺基金 HK$_____
- ☐ Eye Fund 護眼基金 HK$_____
- ☐ Cancer Fund 癌病基金 HK$_____
- ☐ Children's Medical Fund 兒童醫療基金 HK$_____
- ☐ Community Health Promotion Fund 社區健康推廣基金 HK$_____
- ☐ Others 其他 (Please specify 請列明): _____ HK$_____

TOTAL 總數 HK$_____

Payment Method 捐獻方式

☐ **By crossed cheque # 劃線支票 - 號碼** : _____
Payable to ***Hong Kong Adventist Hospital Foundation***
付「香港港安醫院慈善基金」

☐ **By credit card 以信用咭付**
Credit Card Account No.信用咭號碼

Card Expiry Date 信用咭有效期日至 : _____/_____(MM/YY)

Cardholder's Name 信用咭持有人姓名 :_____

Signature 簽名:

☐ Monthly Donation (If applicable)
I hereby authorize HKAH Foundation to charge my above credit card account for the above specified amount on a monthly basis until further notice. I agree that the validity of this authorization will continue after the expiry date and upon renewal of my above credit card account.
(Cancellation or variation of this authorization shall be given to HKAH Foundation 7 working days before the date on which such cancellation or variation is to take effect.)

☐ 每月捐款 (如適用)
本人現授權港安醫院慈善基金由上述之信用卡賬戶內每月扣除上述選擇之款項，直至本人另行通知爲止。本人同意此授權書於本人上述之信用卡有效後及續發新卡時繼續生效，並無需另行填寫授權書。 (如需要取消或更改本授權書，請於取消或更改生效日期七個工作天前通知本基金。)

☐ **By Direct Deposit to "Hong Kong Adventist Hospital Foundation" 直接存入「港安醫院慈善基金」之銀行帳戶**
Hang Seng Bank Account No. 恒生銀行戶口號碼**: 773-433404-668**

(Please return the deposit slip to us with this donation form 請把存款收條與本表格一併寄回)

Please note that all donations will be issued a receipt. Donations over HK$100 are tax deductible.

Donations that do not specify any particular fund will be applied to the Children's Medical Fund, which could be transferred to the other listed funds based on need or used for other life-changing/life-saving medical treatments.

Please send this response form, together with your cheque, money order, or deposit receipt to:

Hong Kong Adventist Hospital Foundation
40 Stubbs Road, Hong Kong

Tel: 2835 0569
Fax: 3651 8865
Email: foundation@hkah.org.hk

Note: 5% of the collected fund shall be directed to administrative costs.

Hong Kong Adventist Hospital Foundation is a recognized charitable organization in Hong Kong, and Equity Trust (HK) Limited is the trustee.

所有捐款均獲發收據，超逾港幣$100 的均可作申請扣稅之用。倘捐款並未指定受惠之基金名稱，一 概會撥捐「兒童醫療基金」，並以"最急切者優先" 爲原則供其他基金使用，或供該基金作其他有關兒童生命改善或生命拯救的醫療用途。

請將這份回覆表格，連同閣下支票或匯票或存款收據寄往:

港安醫院慈善基金
香港司徒拔道 40 號
電話： 2835 0569
傳真： 3651 8865

註：百份之五的款項將用於行政費用支出。

港安醫院慈善基金是一間香港認可慈善機構，其信託人是怡信信託服務(香港)有限公司。