



## Donation Form 捐款表格

### Donor's Information 捐款人資料

Name 姓名	(Mr. / Miss / Ms. 先生 / 小姐 / 女士)	Mobile 手提	_____
Organization 機構	_____	Fax 傳真	_____
Email 電郵地址	_____		
Address 地址	_____		

### Donation Information 捐款資料

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

Adventist Heart Fund 港安心臟基金	<input type="checkbox"/> HK\$300	<input type="checkbox"/> HK\$500	<input type="checkbox"/> HK\$1,000	<input type="checkbox"/> HK\$2,000	<input type="checkbox"/> HK\$ _____
Cancer Fund 癌病基金	<input type="checkbox"/> HK\$300	<input type="checkbox"/> HK\$500	<input type="checkbox"/> HK\$1,000	<input type="checkbox"/> HK\$2,000	<input type="checkbox"/> HK\$ _____
Children's Medical Fund 兒童醫療基金	<input type="checkbox"/> HK\$300	<input type="checkbox"/> HK\$500	<input type="checkbox"/> HK\$1,000	<input type="checkbox"/> HK\$2,000	<input type="checkbox"/> HK\$ _____
Eye Fund 護眼基金	<input type="checkbox"/> HK\$300	<input type="checkbox"/> HK\$500	<input type="checkbox"/> HK\$1,000	<input type="checkbox"/> HK\$2,000	<input type="checkbox"/> HK\$ _____
General Medical Fund 綜合醫療基金	<input type="checkbox"/> HK\$300	<input type="checkbox"/> HK\$500	<input type="checkbox"/> HK\$1,000	<input type="checkbox"/> HK\$2,000	<input type="checkbox"/> HK\$ _____
Healthy Lifestyle Fund 健康生活基金	<input type="checkbox"/> HK\$300	<input type="checkbox"/> HK\$500	<input type="checkbox"/> HK\$1,000	<input type="checkbox"/> HK\$2,000	<input type="checkbox"/> HK\$ _____
Orthopaedic Fund 骨科基金	<input type="checkbox"/> HK\$300	<input type="checkbox"/> HK\$500	<input type="checkbox"/> HK\$1,000	<input type="checkbox"/> HK\$2,000	<input type="checkbox"/> HK\$ _____
Total 總數					HK\$ _____

### Donation Method 捐款方法

- Monthly donation 每月捐款       One-off donation 一次性捐款

<input type="checkbox"/> By crossed cheque # 劃線支票號碼# _____																
Payable to <b>Hong Kong Adventist Hospital Foundation</b> 抬頭請寫上: <b>港安醫院慈善基金</b>																
<input type="checkbox"/> By Faster Payment Service (FPS) 轉數快																
FPS ID: 103188660 快速支付系統識別碼: 103188660																
<input type="checkbox"/> By Credit Card 以信用卡付款																
<input type="radio"/> VISA <input type="radio"/> Mastercard 萬事達咭 <input type="radio"/> Amex 美國運通																
Card No. 信用卡號碼	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>															
Cardholder's Name 持咭人姓名	Expiry Date 有效日期															
_____	____/____/____ (MM 月/YY 年)															
Signature 簽名																
_____																
* Please send to us by mail or by fax 3651-8840 請郵寄或傳真此表格至 3651-8840																
<input type="checkbox"/> By Direct Deposit to "ACF acting as trustee of HKAHF" 直接存入「ACF acting as trustee of HKAHF」之銀行帳戶																
Bank of Communications Account No. 交通銀行戶口號碼: 382-567-1-035572-01																
* 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																

- If you do not wish to receive future information from Hong Kong Adventist Hospital Foundation, please tick the box. The Foundation will, without charge to you, comply with the requirement. The notification of such requirement may be sent to the Foundation by post, fax, electronic mail, telephone call or other means of communication through (Address: 40 Stubbs Road, Hong Kong / Tel: 2835-0569 / Fax no: 3651-8840 / E-mail address: [foundation@hkah.org.hk](mailto:foundation@hkah.org.hk))

若閣下不想再收到關港安醫院慈善基金的任何資訊, 請在方格內加 。你可以隨時要求基金停止使用你的個人資料作為籌募善款之用。基金不會因此要求而收取費用。此項要求可以藉郵件、圖文傳真、電子郵件、電話通話或其他形式的傳訊, 通知基金 (地址: 香港司徒拔道 40 號 / 電話: 2835-0569 / 圖文傳真號碼: 3651-8840 / 電郵地址: [foundation@hkah.org.hk](mailto:foundation@hkah.org.hk))。

Please note that donation \$100 or over, a receipt will be issued for tax deduction purpose. Donations that do not specify any particular fund will be applied to General Medical Fund which could be transferred to the funds listed above on a "where needed most" basis or used for life-changing/life-saving medical treatments.  
Note: only 10% of funds collected will be used for administrative costs.

Hong Kong Adventist Hospital Foundation is a recognized charitable organization in Hong Kong, and Adventist Charitable Foundation Limited is the trustee.

單次捐款 \$100 或以上可獲發收據作申請扣稅之用。倘若捐款並未指定受惠之基金名稱, 一概會撥捐「綜合醫療基金」, 並以「最急切者優先」為原則供以上各項基金使用, 或供該基金作其他有關生命改善 / 生命拯救的醫療用途。  
註: 所收取款項的百分之十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, 其信託人為安托慈善基金會有限公司。

**Hong Kong Adventist Hospital Foundation 港安醫院慈善基金**  
40 Stubbs Road, Hong Kong 香港司徒拔道 40 號

Tel 電話: 2835 0569      WhatsApp: 9765 2061      Fax 傳真: 3651 8840      Email 電郵: [foundation@hkah.org.hk](mailto:foundation@hkah.org.hk)