Hong Kong Adventist Hospital Foundation - Donation Form

港安醫院慈善基金 – 捐款表格

Board of Governors – Tsuen Wan 荃灣理事會

轉數快 ID: 103373692

Online donation: 網上捐款

Please send: contact name, donation preference and screenshot of FPS record.
請提供: 聯絡姓名、捐款意願及轉數快捐款截圖。

General Donation 惠捐善款

- ❑ One-off Donation 一次性捐款 ❑ HK$5,000 ❑ HK$8,000 ❑ HK$10,000 ❑ HK$ _____
- ❑ Monthly Donation 每月捐款 ❑ HK$ _____

Fund Donation 基金捐款

- ❑ Medical & Development Fund 醫療基金及發展基金
- ❑ Healthy Lifestyle Fund 健康生活基金

(Optional) Kindly indicate if you have a preference:
(選擇性填寫) 捐款意願：

- ❑ Charity Cataract Program 慈善白內障手術計劃

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 ❑ Required 請提供收據

Name on receipt 收據芳名 (If different from donor name 如與善長芳名不同) _____ (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 Foundation**' and post with this completed form to us.
請將抬頭「**港安醫院慈善基金**」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: 戶口名稱： **Adventist Charitable Foundation Limited** acting as Trustee of **Hong Kong Adventist Hospital Foundation**
- Bank Name: 銀行： **Bank of Communications** 交通銀行
- A/C Number: 戶口號碼： **382-567-1-035598-01**

❑ 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： _____

- Receipts will be issued for all donations. Donations over $100 are tax-deductible. 所有捐款均獲發收據，捐款港幣$100或以上獲發之收據可用作扣稅之用。
- Please indicate the particular purpose (e.g. Medical Fund/ Cataract Program) 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(如醫療基金／白內障計劃)，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。
- **Note:** 10% of donations will be used as the administration costs of HKAHF (recognized Hong Kong charitable organization).
  註：所收取善款的百分之十將用於行政費用支出。**港安醫院慈善基金**是一間香港認可的註冊慈善機構。
- All funds listed above are under Hong Kong Adventist Hospital Foundation (Board of Governors – Tsuen Wan), to help individuals with different needs. 上述均為港安醫院慈善基金(荃灣理事會)轄下的基金，旨在為有不同需要人士提供援助。

Ref. BOG-TW2022/11

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