



Donation Form 捐款表格

Donor Particulars 捐款人資料 Please fill this form in BLOCK LETTERS and putting a tick in the relevant box(es). 請以英文正楷及於適當位置加上「✓」號。

Name 姓名：_____ (Eng) _____ (中文) (*Mr先生/Ms女士/Mrs太太)

Tel 電話：_____ Email 電郵：_____

Donation Amount 捐款金額(HK\$港幣)：_____

To support the Queen Mary Hospital 支持瑪麗醫院

General purposes 一般用途 Or 或

Patient under care of specific service / Department / Unit / Ward 指定病人服務/部門/組別/病房 _____

To support the Li Ka Shing Faculty of Medicine, The University of Hong Kong

支持香港大學李嘉誠醫學院

Donation Receipt 捐款收據

Donation receipt will be issued for donation of HK\$100 or above which is tax-deductible.

捐款港幣 100 元或以上可獲發收據作扣稅用途。

To save administration costs, no donation receipt is required. 不需要捐款收據以節省行政成本。

Please send me the receipt. 請給我捐款收據。

Name on receipt 捐款收據芳名：_____ Mailing Address 郵寄地址：_____

Donation method 捐款方法

Credit Card 信用卡

Please debit my credit card account. 請在本人的信用卡扣除捐款。

Issuing Bank 發卡銀行：_____ Visa Master

Card no. 信用卡號碼：_____ Name of card holder 持卡人姓名：_____

Expiry Date 有效日期至：_____ mm 月 _____ yy 年 Security Code 安全碼：_____

One off payment 捐款一次 Monthly payment 每月捐款

Signature 持卡人簽署：_____

Direct Bank-in 銀行直接存款

Bank account of The Queen Mary Hospital Charitable Trust 瑪麗慈善基金銀行戶口號碼：

(1) Hang Seng Bank 恒生銀行：267-102622-001

(2) The Bank of East Asia Limited 東亞銀行：514-40-69460-6

Crossed Cheque 劃線支票

Payable to "The Queen Mary Hospital Charitable Trust" 支票抬頭請寫「瑪麗慈善基金」

Cheque No. 支票號碼：_____ Issuing Bank 發出銀行：_____

Acknowledgement 鳴謝

For donations of HK\$ 500,000 or above, The Trust will contact you to arrange acknowledgement. 捐款港幣五十萬元或以上者，基金將與您聯絡安排鳴謝事宜。

Personal Information Collection Statement 個人資料收集聲明

The Queen Mary Hospital Charitable Trust (The Trust) shall comply with the Personal Data (Privacy) Ordinance in handling and keeping your personal data. The Trust will not sell and, or provide your personal data to any third party. Your personal data will be used solely for issuing donation receipts, fund-raising appeals and promotional activities. You have the right to access, correct and request The Trust to stop using your personal data for the above purposes at any time and at no charge by contacting us through the channels stated in this form.

瑪麗慈善基金會按照《個人資料(私隱)條例》的規定處理及儲存您的個人資料，絕不會向第三方出售及/或提供您的個人資料。閣下向瑪麗慈善基金提供的個人資料只用作寄發捐款收據、籌募善款及宣傳之用。您有權透過表格下方所載的聯絡途徑，隨時向本基金查閱、更改或要求停止使用您的個人資料作上述用途，費用全免。

I would like to receive promotion materials or communications from the Trust. 本人願意收到瑪麗慈善基金的資訊及宣傳資料。

I have read, understood and accepted the statement regarding the collection, use and provision of my personal data by The Trust. 本人已閱讀、了解及接納瑪麗慈善基金有權收集及使用我的個人資料。

Signature 簽名：_____ Date 日期：_____

Address 地址：Rm 1101, Administration Block, Queen Mary Hospital, 102 Pokfulam Road, Hong Kong
香港薄扶林道 102 號瑪麗醫院行政樓 1101 室

Tel no. 電話：2763 7122

Email 電郵：info@qmhcharity.org.hk