

## 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)：\_\_\_\_\_

\* Required fields 必須填寫

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  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 provision of your personal data in the fields marked with an asterisk (\*) is mandatory. Without this information, we would be unable to complete the donation transaction. 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, and with your consent, your name, telephone number (for communication via WhatsApp or other instant messaging apps), and email address will be used for (i) fund-raising appeals, and (ii) the promotion of fundraising products in connection with fund-raising appeals. The Trust cannot use your personal data to send you promotional information unless we have received your consent or indication of no objection. 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 our Data Protection Officer at [info@qmhcharity.org.hk](mailto:info@qmhcharity.org.hk)

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。表格內帶「\*」的欄目為必須提供的個人資料，若無此訊息，我們將可能無法完成捐款交易。本基金絕不會向第三方出售及/或提供您的個人資料。閣下向本基金提供的個人資料僅用作寄發捐款收據，以及在獲得您同意的前提下，您的姓名、電話號碼（用於透過 WhatsApp 或其他即時通訊軟件聯絡）及電郵地址將用於(i) 籌募呼籲活動；及(ii) 與推廣籌募相關的產品。除非獲得您的同意或不反對表示，本基金不得使用您的個人資料發送宣傳訊息。您有權隨時聯絡本基金資料保障主任（電郵：[info@qmhcharity.org.hk](mailto:info@qmhcharity.org.hk)）以查閱、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, and fund-raising appeals, as described above from the Trust.

本人願意收到瑪麗慈善基金的資訊或宣傳資料，以及上述的籌募呼籲。

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收集及使用我的個人資料的聲明。

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