



博愛醫院捐款表格

捐款者資料 Donor's Information

*善長/團體芳名 Name of Donor: _____ (Mr./Mrs./Ms. 先生/女士/小姐)

*地址 Address: _____

聯絡電話 Telephone: (日間 Day) _____ (晚間 Night) _____

傳真號碼 Fax: _____ 電郵 E-mail Address: _____

*若捐款人姓名及地址欠奉，恕未能寄發收據。

Pok Oi Hospital regrets that it cannot provide receipts to donors who fail to provide either their names or addresses.

捐款項目 Donation Item: _____ (如適用 If applicable)

捐贈金額 Donation Amount: _____

捐款方法(請選擇) : Form of Payment (Please tick where appropriate):

以抬頭「博愛醫院」劃線支票寄回元朗坳頭博愛醫院董事局收。

A crossed cheque made payable to "Pok Oi Hospital"

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

自動櫃員機轉賬/銀行直接存款 ETC Transfer / Direct Bank-in

| | | | |
|---------------------------------|--------------------|-----------------------|-------------------|
| 滙豐銀行 HSBC | 543-158976-001 | 東亞銀行 HKBEA | 514-40-4019288 |
| 恒生銀行 Hang Seng Bank | 221-166333-001 | 華僑永亨銀行 OCBC Wing Hang | 035-798-68559-001 |
| 中國銀行 Bank of China | 588-00083616 | 中國建設銀行 CCB (Asia) | 009-639-008397053 |
| 上海商業銀行 Shanghai Commercial Bank | 35282-02550-2 | 星展銀行 DBS | 016-883-041544317 |
| 交通銀行 Bank of Communications | 382-548-0-202683-8 | | |

以信用卡捐款 Credit Card

VISA MasterCard America Express

信用咭號碼

Card No.: _____

持卡人姓名

信用卡簽發銀行

Name of Cardholder: _____ Bank of issue: _____

有效日期至

月

年

持卡人簽署

Expiry Date: _____ Month _____ Year Cardholder's signature _____

(簽名必須與閣下之信用卡簽名完全相同 Pls ensure that the signature is the same of you sign your credit card account.)

請填妥表格，連同轉賬或存款收據正本、劃線支票郵寄「元朗坳頭博愛醫院賽馬會護理安老院大樓 UG 層博愛醫院董事局收」。如以信用卡捐款，捐款者可郵寄、傳真或電郵此表格至本院。

電話: 2479 0022 傳真: 2479 5025 電郵: bodfrd@pokoi.org.hk

Please send the completed form together with the transfer/bank-in slip(original copy), a crossed cheque or credit card information to Pok Oi Hospital, Board of Directors, UG/F POH Jockey Club Care and Attention Home Building, Au Tau, Yuen Long. Credit Card donation can be sent to us by mail, by fax or by email.

Tel: 2479 0022 Fax: 2479 5025 Email: bodfrd@pokoi.org.hk

請予捐款收據 Please send me a donation receipt

收據人姓名(如與捐款者不同):

Name of Donor (if differ from above): _____

不需捐款收據 No donation receipt is needed

簽署:

Signature: _____

日期:

Date: _____

閣下所填寫的個人資料絕對保密，博愛醫院或受其委託服務提供者只用作捐款處理、寄發收據、募捐及其他與本院相關的宣傳事務之用途。若閣下不願意收到上述資訊及資料，請在方格內加上剔號。

Your personal data will be kept strictly confidential. Pok Oi Hospital or its service providers will only use the above information for donation administration, receipting, fundraising and/or other promotion matters related to Pok Oi Hospital. If you prefer not to receive such promotion communication materials, please tick here.