

填妥資料後，請將此表格寄往：  
柴灣樂民道 3 號東區尤德夫人那打素醫院綜合大樓 B 座 10 樓 財務部  
收 或 電郵至: [pyneh\\_ct@ha.org.hk](mailto:pyneh_ct@ha.org.hk)

Upon completion, please mail this form to:  
Finance Services Division, Block B, 10/F, Pamela Youde Nethersole Eastern  
Hospital, 3 Lok Man Road, Chai Wan  
or Email to: [pyneh\\_ct@ha.org.hk](mailto:pyneh_ct@ha.org.hk)

敬請於 **2026 年 1 月 31 日** 前回覆。如逾期未收到回覆，  
是次活動捐款將被視為予東區尤德夫人那打素醫院慈善  
信託基金作提升醫療服務之用。

Kindly respond by **31 January 2026**. If no reply is  
received, the donations for the event will be redirected  
to The Pamela Youde Nethersole Eastern Hospital  
Charitable Trust for enhancement of medical services.

## 東區醫院日 2025 – 醫社同邁步 · 活力滿東區 ( 慈善步行及嘉年華 ) 捐款安排

### Donations Arrangement for

### PYNEH Day 2025 - Stride and Thrive (Charity Walkathon and Carnival)

本人知悉 2025 年 11 月 29 日舉行之東區醫院日 2025 - 醫社同邁步 · 活力滿東區 ( 慈善步行及嘉年華 ) 已取消。就是次活動之捐款，本人/本人聲明已獲得所有贊助人同意將是次捐款全數捐給「東區尤德夫人那打素醫院慈善信託基金」作提升醫療服務之用。

I acknowledge the cancellation of the PYNEH Day 2025 - Stride and Thrive (Charity Walkathon and Carnival). Regarding the donations for the event, I / I declare that I have obtained consent from all sponsors to redirect all donations to "The Pamela Youde Nethersole Eastern Hospital Charitable Trust" for enhancement of medical services.

同意 Agree

不同意 Disagree

(請填寫附頁 1。捐款將以支票形式退回，本人聲明將代為發還款項予相關贊助人。)

(Please fill in Annex 1. Donations for the event will be refunded by cheques. **I declare that I will further distribute the refund to the respective sponsors.**)

參加者名稱：

Participant Name:

聯絡電話：

Contact No.:

團體名稱 (如適用)：

Organization Name

(If applicable) :

地址：

Address:

簽署：

Signature:

已簽署

Signed

日期：

Date:

《只適用於不同意將捐款用作提升醫療服務之用的捐款/贊助人》  
《Only applicable to donors / sponsors who disagree to redirect donations》

本人/本人聲明以下贊助人不同意將是次捐款全數捐給「東區尤德夫人那打素醫院慈善信託基金」作提升醫療服務之用，並同意本人代為發還款項。是次活動之捐款將按下列提供的資料以支票形式退回。

**I / I declare that the following sponsors disagree to redirect all donations for the event to “The Pamela Youde Nethersole Eastern Hospital Charitable Trust” for enhancing medical services, and I will further distribute the refund to the respective sponsors. These donations for the event will be refunded by cheques according to the details provided below.**

(未列於以下名單的捐款/贊助人則已同意將是次捐款全數捐給「東區尤德夫人那打素醫院慈善信託基金」作提升醫療服務之用)

(The remaining donors / sponsors not listed below have agreed to redirect their donations to “The Pamela Youde Nethersole Eastern Hospital Charitable Trust” for enhancement of medical services)

編號 No.	要求退款之捐款/贊助人姓名 Name of Donors / Sponsors who request for refund	支票抬頭 Payee Name (請用正楷填寫以作退還捐款) (Please write in BLOCK LETTERS for refund)	要求退款金額 Refund Amount Requested 港幣 HK \$
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
		合共 Total:	

若欄位不敷應用，請另備紙張。

Please attach separate sheets if the space provided is insufficient.