

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

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

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:

如有任何查詢，請聯絡東區尤德夫人那打素醫院財務部張女士 電話：2595 6877 電郵：clw188@ha.org.hk

For enquiries, please contact Ms Cheung of Finance Services Division Phone : 2595 6877 Email : clw188@ha.org.hk

《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.