



The Pamela Youde Nethersole Eastern Hospital Charitable Trust
東區尤德夫人那打素醫院慈善信託基金
 捐款表格 **Donation Form**

(為方便文書處理, 請盡量以英文正楷填寫 Please fill this form in BLOCK LETTERS for record processing)

本人/本機構樂意捐助「東區尤德夫人那打素醫院慈善信託基金」, 港幣 \$ _____。
 I/We want to support "The Pamela Youde Nethersole Eastern Hospital Charitable Trust" by making a donation of HK\$ _____.

A. 支票 By Cheque

附上支票乙張 A cheque (號碼 No. _____) is enclosed.

劃線支票抬頭請寫「東區尤德夫人那打素醫院慈善信託基金」。

Please make crossed cheque payable to "The Pamela Youde Nethersole Eastern Hospital Charitable Trust"

B. 信用卡 / 扣賬卡 By Credit Card / Debit Card (只收Visa及萬事達卡 Visa & Mastercard only)

單次捐款 One-off 每月定期捐款 Monthly

Visa 萬事達卡 Mastercard

信用卡/扣賬卡號碼

Card No.:

簽發銀行

Issuing Bank: _____

有效期至

Expiry Date: _____

持卡人姓名

Card Holder's Name: _____

持卡人簽名

Signature: _____

(與信用卡之簽名相同 Same as Signature on credit card)

C. 直接存入銀行 By Direct Bank Deposit

銀行 Bank	戶口號碼 Account No.
東亞銀行 The Bank of East Asia Limited	015-518-40-400166-2
中國銀行 Bank of China (Hong Kong) Limited	012-875-0-042632-7

請將善款存入上列銀行-東區尤德夫人那打素醫院慈善信託基金戶口。如需本基金簽發收據, 請填妥此表格, 並連同銀行存款單客戶存根正本一併交回。
 Please bank-in money to either of the above bank accounts of The Pamela Youde Nethersole Eastern Hospital Charitable Trust. If an official receipt is needed, please complete this donation form and return it with the original customer copy of the bank-in slip.

郵寄地址: 香港柴灣樂民道三號東區尤德夫人那打素醫院主座地下收費處 - 籌募管理組

Mailing address: Donation Management Team, Shroff Office, G/F, Main Block, Pamela Youde Nethersole Eastern Hospital, 3 Lok Man Road, Chai Wan, Hong Kong

D. 現金 In Cash (請勿郵寄現金 Please DO NOT MAIL CASH)

如欲以現金捐款, 善長可把善款投入位於東區尤德夫人那打素醫院(東區醫院)範圍內的捐款箱。

Cash donation can be put into the Trust's donation boxes installed at Pamela Youde Nethersole Eastern Hospital (PYNEH).

善長芳名(稱謂)或機構名稱 Name of Individual(Title)/Organization	先生 / 女士 / 小姐 / 太太 / 醫生 / 博士 / 教授 Mr / Ms / Miss / Mrs / Dr / Prof
地址 Address	電話 Tel

捐款港幣 100 元或以上(捐贈物品除外)可憑收據申請稅項減免。除特別註明外, 捐款收據將按上述善長芳名或機構名稱發出。

Donation of HK\$100 or above (except donation in-kind) is tax-deductible with a receipt. The donation receipt will be issued to the name of individual or organization provided above unless otherwise specified.

本基金或會於網站/其他途徑對善長或捐款機構作出鳴謝。如不同意, 請在以下方格加上 √ 號。

The Trust may acknowledge donations on the website or other means. If you do not agree, please tick √ the box below.

我不同意貴基金鳴謝本人 / 機構的捐款

I do not agree to have my donation / donation of the organization acknowledged by the Trust.

個人資料收集聲明

Personal Information Collection Statement

本表格所收集閣下的個人資料將嚴格保密處理, 並只會向東區尤德夫人那打素醫院慈善信託基金(本基金)及東區尤德夫人那打素醫院(東區醫院)提供, 以用作與籌募相關事宜及發出收據之用。

Your personal data collected in this form will be kept strictly confidential and made available only to The Pamela Youde Nethersole Eastern Hospital Charitable Trust (the Trust) and Pamela Youde Nethersole Eastern Hospital (PYNEH) to use for purposes relating to donation matters and for issuing receipts.

根據《個人資料(私隱)條例》, 由於本基金及東區醫院擬使用閣下的個人資料(即你的姓名和聯絡資料)進行慈善募捐, 我們需先取得閣下的同意, 但本基金及東區醫院在未得到閣下的同意之前不會如此使用閣下的個人資料。

Under the Personal Data (Privacy) Ordinance, the Trust and PYNEH need to obtain your consent as we intend to use your personal data (i.e. your name and contact data) for solicitation of donations for charitable purposes to the Trust and PYNEH but will not so use your personal data unless your consent is received.

使用個人資料作籌募推廣

如閣下願意繼續支持本基金及東區醫院的慈善工作, 並同意我們使用閣下的個人資料為本基金及東區醫院進行慈善募捐, 請於下方空格簽署。如閣下不同意, 則無需簽署。

Use of Personal Data for Solicitation of Donations

Please sign in the space below if you agree to support the charity work of the Trust and PYNEH and the use of your personal data for solicitation of donations to the Trust and PYNEH. If you find such use not acceptable, your signature is not required.

閣下有權隨時查閱和改正本基金及東區醫院持有關於閣下的個人資料。如要行使上述權利或欲不再收到本基金及東區醫院有關慈善募捐的推廣資訊, 請致電 2595-6877 或電郵至 pyneh_ct@ha.org.hk 與東區醫院財務部聯絡。

You have rights of access and correction with respect to your personal data held by the Trust and PYNEH. If you wish to exercise these rights or you do not wish to receive any promotional materials on solicitation for donations to the Trust and PYNEH afterwards, please contact Finance Department of PYNEH at 2595-6877 or by email pyneh_ct@ha.org.hk.

捐款人簽名

Signature of the Donor: _____

日期

Date: _____

(請在適當方格內填 號 Please tick as appropriate)

<http://www.ha.org.hk/pyneh/pynehtrust/>

(rev. 07/2022)

請貼郵票

Stamp

東區尤德夫人那打素醫院慈善信託基金

The Pamela Youde Nethersole Eastern Hospital Charitable Trust

香港柴灣樂民道三號收費處 - 籌募管理組

Donation Management Team, Shroff Office, G/F, Main Block,
3 Lok Man Road, Chai Wan, Hong Kong

多謝您的慷慨捐贈

Thank you

for Your

Generous Donation

* 請勿郵寄現金*

(Please do not send cash by mail)