

Freeport Service no.: 21
東區尤德夫人那打素醫院
Pamela Youde Nethersole Eastern Hospital

如在本港投寄
無需貼上郵票
NO POSTAGE
STAMP IS
NECESSARY
IF POSTED
IN HONG KONG

六・交付捐款辦法 Donation Methods

- ☐ **支票 Crossed Cheque**
抬頭請寫「東區尤德夫人那打素醫院慈善信託基金」
Please make cheque payable to "The Pamela Youde Nethersole Eastern Hospital Charitable Trust"
- ☐ **直接存款至東區尤德夫人那打素醫院慈善信託基金戶口 Direct Bank Deposit** to "The Pamela Youde Nethersole Eastern Hospital Charitable Trust"
東亞銀行 BEA: 015-518-40-400166-2
中國銀行(香港) BOC(HK): 012-875-0-042632-7
- ☐ **現金捐款 In Cash**
請把捐款連同表格交至東區尤德夫人那打素醫院主座地下大堂收費處
Please hand in the completed form together with donation to the Shroff on G/F Main Block, Pamela Youde Nethersole Eastern Hospital

七・獎項 Awards

1. 最高籌款額獎(醫院部門)
Highest Donation Amount Raised (PYNEH Department)
2. 最高籌款額獎(醫院個人)
Highest Donation Amount Raised (PYNEH Individual)
3. 最高籌款額獎(團體)
Highest Donation Amount Raised (Organization)
4. 最高籌款額獎(個人)
Highest Donation Amount Raised (Individual)
5. 最踴躍參與獎(醫院部門)
Best Participatory (PYNEH Department)
6. 最踴躍參與獎(病人組織)
Best Participatory (Patient Group)
7. 最踴躍參與獎(學校)
Best Participatory (School)
8. 最踴躍參與獎(地區組織)
Best Participatory (Local Body)
9. 最踴躍參與獎(社會服務機構)
Best Participatory (Welfare Agency)
10. 最踴躍參與獎(義工組織)
Best Participatory (Volunteers)
11. 最踴躍參與獎(其他組織)
Best Participatory (Others)

大會就
團體類別之
分類保留最終決定權
The organizing committee
reserves the right on the
categorization of
organizations.

八・紀念品 Souvenir

1. 每位參加者均會獲贈證書一張。
Every participant will receive a certificate of participation.
2. 凡籌得善款超過港幣五十元之參加者均可獲贈紀念品一套。
Any participant achieved sponsorship / donation to HK\$50 will receive a souvenir.

參加者須知 Notes to Participants

1. 當感到體力不支或不適時，請即時通知工作人員或致電2595 6111。
Participants should contact the duty personnel immediately or call 2595 6111 for assistance if exhausted or feeling sick.
2. 請依循工作人員指示。參加者須自律，確保個人安全及不可危害他人安全。
Participants should follow the instructions of the duty personnel throughout the event to ensure his/her own and other's safety.
3. 沿途請保持地方清潔，切勿亂拋垃圾。
Please do not litter and keep the environment clean.
4. 請自備飲品、食物、防曬物品及雨具，並做好防蚊措施。
Please bring sufficient food, drinks, caps or rain gear as necessary and take anti-mosquito measures.
5. 為響應環保，歡迎穿著過往東區醫院日服裝參加活動。
For the sake of environmental protection, please re-use the walkathon T-shirt last year.
6. 基於安全理由，小童必須由大人陪同參加活動。
For safety reason, children must be accompanied by adults.
7. 在往返本院或參加活動後，如遇上任何財物損失或傷亡，東區尤德夫人那打素醫院均不負上任何責任。
Pamela Youde Nethersole Eastern Hospital shall not be liable for any accident or injury to participants or their properties before and after this charity activity.
8. 活動當日若天氣情況欠佳，如天文台於早上7時或以後懸掛3號或以上颱風訊號或任何暴雨警告，慈善步行將會取消，已提交之善款均不會退回。籌委會將因應實際天氣情況決定嘉年華會的安排，如有查詢請致電2595 6111。
In case of poor weather, such as hoisting of typhoon signal no. 3 or above or any rainstorm warning after 7am, the Walkathon may be cancelled. All donations collected for the event will not be returned to participants/sponsors. The Hospital may proceed with the Carnival, subject to the weather conditions. For enquiry, please call 2595 6111.
9. 最高籌款大獎將會以2015年11月6日下午6時的籌款總額為準。如以團體名義參與，甄選條件將以團體籌款總額計算。郵寄報名表格，並非以郵籤為準，建議參加者預留足夠時間郵遞表格。
Award winners of The Fundraising Award contest will be decided based on the enrollment and/or donation amount raised by 6pm, 6 November 2015. If entering as a team, the donation amount raised would only be counted as a team. For forms to be submitted by mail, please allow enough time for posting as postmark date would not be regarded as submission date.
10. 所有於2015年11月6日或之前收到之報名將於2015年11月21日前確認。如未有確認，請致電聯絡電話查詢。
Confirmation will be issued on or before 21 November 2015 for enrollment forms received on or before 6 November 2015. Please contact the organizing committee if no confirmation was received.
11. 由於活動當日人數眾多，時間有限，籌委會建議參加者預先報名以免混亂。
Advanced enrollment is encouraged by the organizing committee.
12. 捐款收據將分批寄予參加者，而團體的收據將寄予負責人代為分發。建議各參加者自行備份贊助名單，以便日後查閱及分發收據。
Donation receipts will be sent to individual participants/team leaders/department representatives by logs. Please make photocopy of this form and the bank-in slip if needed.
13. 如有查詢，請於星期一至五，上午9時至下午6時致電2595 6330與籌委會職員聯絡。
For enquiries, please contact the organizing committee at 2595 6330 during office hour.



東區尤德夫人那打素醫院
Pamela Youde Nethersole Eastern Hospital



一・活動詳情 Program Details

目的 Objectives :

- 為「東區尤德夫人那打素醫院慈善信託基金」籌款以改善醫院病人服務
To raise fund for "The Pamela Youde Nethersole Eastern Hospital Charitable Trust" to improve patient services
- 加強社區伙伴合作 To promote community partnership
- 凝聚員工團隊精神 To engage staff and team building

慈善步行 Charity Walkathon

報到時間: 上午9時正 開步禮: 上午9時30分
Registration Time: 9:00am Kick-off Ceremony: 9:30am

報到地點: 東區尤德夫人那打素醫院主座3樓
Registration Point: 3/F, Main Block, Pamela Youde Nethersole Eastern Hospital

終點: 東區尤德夫人那打素醫院主座2樓花園
Finishing Point: 2/F Outdoor Garden, Main Block, Pamela Youde Nethersole Eastern Hospital

名額 Quota: 1,500名(名額有限, 先到先得 First-come, first-served)

醫社共融嘉年華 Community Collaboration Carnival

時間: 上午10時30分 至下午2時30分
Time: 10:30 am to 2:30 pm

地點: 東區尤德夫人那打素醫院主座大樓2樓及3樓
Venue: 2/F & 3/F, Main Block, Pamela Youde Nethersole Eastern Hospital

節目: 特色商品義賣、攤位遊戲、綠出天地、就業分享會(醫療及其他職系)、戶外表演等

Program: Charity Bazaar, Stamp Rally Games, Go Green, Career Talks (Medical and Paramedical), Outdoor Performances, etc.

二・慈善步行路線圖 Route Map



短線 Short Route :

全程石屎路, 部份路段傾斜
Concrete path. Part of the route is uphill / downhill
步行時間約45分鐘
Walking Time approximately 45 minutes

長線 Long Route :

大部份石屎路, 後段山坡傾斜
Concrete path. Around half of the route is uphill / downhill
步行時間約90分鐘
Walking Time approximately 90 minutes

三・參加表格 Enrollment Form

如以隊伍方式參加, 請由部門代表或團體負責人統籌收集後交回表格。
The submission should be made in one batch by Team Leader or Department Representative.

如參加者有意角逐各個獎項, 請於**2015年11月6日下午6時前**填妥此表格, 連同支票 / 銀行存款收據 (正本) 交至東區醫院 (柴灣樂民道3號東區尤德夫人那打素醫院主座大樓2樓總務部)。
If you are interested in joining the Fundraising Award contest, please complete and submit the "Enrollment Form" and "Sponsorship/Donation Form", together with the Cheque / bank-in slip (original) to Pamela Youde Nethersole Eastern Hospital (General Registry, 2/F Main Block, Pamela Youde Nethersole Eastern Hospital) by **6pm, 6 November 2015**.

參加者資料 Participant Details :

(* 請刪去不適用者)

姓名: Name:	<input type="checkbox"/> 個人 Individual
通訊地址: Correspondence Address:	<input type="checkbox"/> 隊伍 Team
聯絡電話: Contact No.:	
電郵地址: Email Address:	
所屬部門 / 團體 (如適用): Department / Organization (if applicable):	
所需T-Shirt尺碼: Size of T-Shirt required:	<input type="checkbox"/> 加大碼 XL <input type="checkbox"/> 大碼 L <input type="checkbox"/> 中碼 M <input type="checkbox"/> 細碼 S <input type="checkbox"/> 不需要 N/A

如閣下為**部門代表**或**團體負責人**, 請填寫下表:

Please fill in the below form if you are the **Team Leader** or **Department Representative**.

部門 / 團體名稱: Team Name:			
部門 / 團體總人數: No. of Team Members:	(包括代表或負責人 including team leader)		
團體類別*: Category of Organization: (請於空格內劃上✓) (Please ✓)	<input type="checkbox"/> 病人組織 Patient Group	<input type="checkbox"/> 學校 School	<input type="checkbox"/> 地區組織 Local Body
	<input type="checkbox"/> 社會服務機構 Welfare Agency	<input type="checkbox"/> 義工組織 Volunteers	<input type="checkbox"/> 其他組織 Others
*大會就團體類別之分類保留最終決定權 The organizing committee reserves the right on the categorization of organizations.			
交付捐款辦法: Payment Method:	<input type="checkbox"/> 支票 Cheque 號碼 No.:	<input type="checkbox"/> 直接存款 Direct Bank Deposit	<input type="checkbox"/> 現金 In Cash
	*東亞 BEA / 中銀(香港) BOC(HK)		
T-shirt 數量△: Qty of T-Shirt:	加大碼 Size XL	件、 Pcs,	大碼 Size L
	中碼 Size M	件、 Pcs,	細碼 Size S
	件、 Pcs,	合共 Total	件。 Pcs.
△T-shirt 碼數及數量有限, 如未能完全按要求分配, 敬請見諒。 Size and quantity of T-shirts are subject to stock availability. Your understanding is much appreciated.			

請填寫下表以作回郵用途

姓名 Name:	
地址 Address:	

四・贊助表格 Sponsorship Form

本人願意贊助上述人士參加是次籌款活動, 並捐助下列之善款予「東區尤德夫人那打素醫院慈善信託基金」。
I would like to sponsor the above person to participate in this charity activity with donations as follows:

註: 「東區尤德夫人那打素醫院慈善信託基金」為一註冊機構。凡捐款一百元或以上者均可獲發捐款收據, 作申請減免稅項之用。捐款收據將寄予參加者或團體負責人代為分發。
Remarks: "The Pamela Youde Nethersole Eastern Hospital Charitable Trust" is a registered charitable organization. Donation receipt will be issued for donation of HK\$100 or above which is tax-deductible. The donation receipt will be sent to the individual participant / department representative or team leader.

捐款收據將分批寄予參加者, 而團體的收據將寄予負責人代為分發。建議各參加者自行備份贊助名單, 以便日後查閱及分發收據。
Donation receipts will be sent to individual participants / team leader / department representatives by logs. Please make photocopy of this form and the bank-in slip if needed.

編號 No.	贊助人姓名 Name of Sponsors	贊助金額 Amount HK\$	收據 Receipt (✓)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
總計 Total (港幣HK\$)			

五・捐款表格 Donation Form

本人 / 本團體未能參加是次活動, 但樂意捐助港幣 _____ 元。
I / We cannot come along to the event but wish to donate HK\$ _____ in support of PYNEH Day 2015.

姓名 / 團體名稱:
Name / Name of Organization: _____

通訊地址:
Correspondence Address: _____

電郵地址:
Email Address: _____

本基金或會於網站/其他途徑列出善長芳名或機構名稱, 以作鳴謝。如不同意, 請於以下註明。
The Trust may acknowledge donations on the website or other means. If you do not agree, please indicate below.

☐ 我不同意 貴基金鳴謝本人的捐款。
I **do not agree** to have my donation 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 (東區醫院) 及東區尤德夫人那打素醫院慈善信託基金 (本基金) 提供, 以用作與籌募相關事宜及發出收據的目的。

Your personal data collected in this form will be kept strictly confidential and made available only to Pamela Youde Nethersole Eastern Hospital (PYNEH) and the PYNEH Charitable Trust (the Trust) 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取得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 / Use of Personal Data for Solicitation of Donations

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。

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, then 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不欲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2595-5925或電郵至pyneh_ct@ha.org.hk與東區醫院財務部助理經理聯絡。

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 the Assistant Finance Manager of PYNEH at 2595-5925 or by email pyneh_ct@ha.org.hk.

參加者簽署:
Signature of the Participant: _____

日期:
Date: _____