



善心醫療基金

The Hospital Authority New Territories West Cluster Hospitals Charitable Trust



捐款 / 捐贈表格 Donation Form

如欲捐款 / 捐贈支持善心醫療基金，請填妥本表格，並郵寄、電郵或傳真至本基金秘書處。

If you would like to make a donation to Hospital Authority New Territories West Cluster Hospitals Charitable Trust, please complete this donation form and send it to the Secretariat of the Trust via mail, email or fax.

(請於適當方格內填「√」 Please put a “√” in the boxes if appropriate.)

本人 / 機構願意作出以下捐款 / 捐贈支持「善心醫療基金」。

I / We would like to support Hospital Authority New Territories West Cluster Hospitals Charitable Trust (“the Trust”) by making a donation.

捐款/捐贈詳情 Donation Details

- 1. 捐款金額 Donation Amount :** 港幣 HK\$ _____
 單次捐款 One-off
 每月捐款 Monthly 定期捐款至此日期止 Donation period till _____ (月 MM / 年 YYYY)
(如適用 if applicable) : _____ / _____
- 2. 捐贈物品 In Kind :** _____ **估計價值 Estimated Value :** _____
- 3. 捐款 / 捐贈目的 Designated Use / Department :**
善款會用於一般病人服務。如有**指定用途**，請註明：
The donation will support general patients' services unless otherwise specified. _____

捐款方法 Donation Method

- 現金 Cash**
如欲以現金捐款，請親臨本基金秘書處辦理。
Cash donation can be made through the office of the Secretariat of the Trust.
- 劃線支票 Crossed cheque**
抬頭請寫「善心醫療基金」 Payable to “NTWC Charitable Trust”
支票號碼 Cheque no. : _____ 發出銀行 Issue Bank : _____
- 銀行存款 Bank Deposit**
帳戶號碼 Bank Account Number : 015-518-25-01293-2 【東亞銀行 Bank of East Asia】
帳戶名稱 Bank Account Name : 善心醫療基金 NTWC Charitable Trust
(請提供銀行存款收據正本。Please provide original bank-in slip.)
- 銀行轉賬 Bank Transfer / 轉數快 Faster Payment System (FPS)**
帳戶號碼 Bank Account Number : 015-518-25-01293-2 【東亞銀行 Bank of East Asia】
帳戶名稱 Bank Account Name : 善心醫療基金 NTWC Charitable Trust
(請提供轉賬/轉數快證明。Please provide a proof of transfer / FPS.)
- 信用卡 Credit Card**
 Visa 萬事達卡 Mastercard
信用卡卡號 Credit Card No. : _____ 有效日期至 Expiry Date : _____ (月 MM / 年 YYYY)
持卡人姓名 Cardholder's Name : _____ 持卡人簽名 Cardholder's Signature : _____

本人授權善心醫療基金從以上信用卡戶口扣除上列捐款金額。

I hereby authorize Hospital Authority New Territories West Cluster Hospitals Charitable Trust to debit the above donation amount from the above credit card.

- 每項透過信用卡所作之捐款，本基金均需按百分比支付手續費，惟捐款者無需繳交任何手續費。
The Trust will be charged a percentage-based fee for any donation made via a credit card. This fee is not chargeable to the donor.
- 每月捐款計劃 Monthly donation programme :
 - 捐款將於每月約 20 號自動過數，如 20 號是週末或公眾假期，轉賬將於下一個工作天過賬。
Monthly credit card donations will be processed on or around the 20th day of every month, or on the next working day if the 20th falls on weekend or is a public holiday.
 - 信用卡資料的更改，有機會導致轉賬未能成功。如該次未能成功過數，本基金將與捐款者聯絡及在其同意下再安排一次過數。
Any changes of the credit card information may lead to failure of transaction. Should the transaction fail, the Trust will contact the donor and make a second attempt at donor's consent.
 - 為預留足夠時間與銀行辦理相關手續，如捐款者欲取消或更改捐款詳情，須於每月 20 號前以書面通知本基金，並預留最少 5 個工作天以作適當安排。如期間為週末或公眾假期，將會順延到下一個工作天處理。
To allow sufficient time to complete the relevant procedures with bank, the donor must give notice of cancellation or variation on donation details in writing to the Trust at least 5 working days before 20th day of every month. It will be processed on the next working day if there are weekends or public holidays.

捐款/捐贈人資料 Donor Particulars

以個人名義捐款 Individual Donor

以機構名義捐款 Corporate Donor

善長芳名或機構名稱

Name of Individual or Organization :

先生 Mr / 女士 Ms / 太太 Mrs

聯絡人姓名 Name of Contact Person

(如與上述不同 if different from above) :

先生 Mr / 女士 Ms / 太太 Mrs

地址 Address :

電話 Tel :

電郵 Email :

傳真 Fax :

備註 Remarks :

- 捐款港幣一百元或以上(捐贈物品除外)可獲發收據作扣稅用途,並透過平郵寄送至上述地址。
Donation receipt will be issued (except for donation in-kind) for donation of HK\$100 or above which is tax-deductible, and will be sent to the above-mentioned address via surface mail.
- 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。
The donation receipt will be issued to the name of individual or organization provided above unless otherwise specified.

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,並只會向善心醫療基金(下稱「基金」)及醫院管理局新界西聯網(下稱「新界西聯網」)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 The Hospital Authority New Territories West Cluster Hospitals Charitable Trust ("the Trust") and New Territories West Cluster of the Hospital Authority ("NTWC") to use for purposes relating to donation matters and for issuing receipts.

根據《個人資料(私隱)條例》,由於基金及新界西聯網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,但基金及新界西聯網在未得到你的同意之前不會如此使用你的個人資料。

Under the Personal Data (Privacy) Ordinance, the Trust and NTWC 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 NTWC 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基金及新界西聯網的慈善工作,並同意我們使用你的個人資料為基金及新界西聯網進行慈善募捐,請於下方空格簽署。如你不同意,則無需簽署。

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

你有權隨時查閱和改正基金及新界西聯網持有關於你的個人資料。如要行使上述權利或不欲再收到基金及新界西聯網有關慈善募捐的推廣資訊,請致電 2468 5464 或電郵至 ntwc.charitabletrust@ha.org.hk 與本基金秘書處聯絡。

You have rights of access and correction with respect to your personal data held by the Trust and NTWC. 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 NTWC afterwards, please contact the Secretariat of the Trust at 2468 5464 or by email ntwc.charitabletrust@ha.org.hk.

捐款人簽署

Signature of the Donor :

日期

Date :

秘書處 Secretariat

醫院管理局新界西醫院聯網公共事務及籌募組 Public Affairs & Donation Management Unit, New Territories West Cluster, Hospital Authority

地址 Address: 新界屯門青松觀路 23 號 23 Tsing Chung Koon Road, Tuen Mun, New Territories

電話 Tel: (852) 2468-5464 傳真 Fax: (852) 2464-4643 電郵 Email: ntwc.charitabletrust@ha.org.hk

網址 Website: https://www3.ha.org.hk/tmh/ch/about_us/trust.asp