



捐款表格 Donation Form

我願意為基督教勵行會「香港浸信會醫院日間醫療中心2人3足勵同行」一次過捐助HK\$_____，支持香港低收入家庭兒童、青海孤兒及殘障兒童。

I would like to make a one-off donation of HK\$_____ for Christian Action "HKBH Ambulatory Medical Centre 3-Legged Charity Walk" to support the children from low income families in Hong Kong, orphans and children with disabilities in Qinghai.

<input type="checkbox"/> 個人捐款 Individual Donation		<input type="checkbox"/> 機構捐款 Corporate Donation	
捐款人姓名 Name of Donor			
機構名稱 Organisation		(機構捐款者適用 For Corporate Donation)	
聯絡人姓名 Contact Person		(先生 Mr / 女士 Ms / 太太 Mrs)	
地址 Address			
聯絡電話/手提電話 Contact No. / Mobile No		電郵 E-mail	

捐款方法 Donation Methods

<input type="checkbox"/> 信用卡 Credit Card			
持卡人姓名 Card Holder's Name		<input type="checkbox"/> <input type="checkbox"/>	
信用卡號碼 Credit Card No.			
有效日期至 Expiry Date	月 M 年 Y (最少兩個月內有效 Valid for at least two months)	簽署 Signature	
<input type="checkbox"/> 郵寄劃線支票 Crossed Cheque	抬頭請寫上「基督教勵行會-慈善服務」，並在支票背後寫上基督教勵行會「香港浸信會醫院日間醫療中心2人3足勵同行」、參加者名稱及電話，連同表格寄回本會。Please make your cheque payable to "Christian Action - Charity Services." Please write down Christian Action "HKBH Ambulatory Medical Centre 3-Legged Charity Walk", the name and contact number of the participant on the back of the cheque and enclose the cheque with your Enrolment Form.		
<input type="checkbox"/> 銀行轉帳 Bank Transfer	轉賬至匯豐銀行帳戶 Bank transfer to HSBC Account: 567-320973-005 請在入數紙背後填上姓名。Please write your name on the back of the bank receipt.		
<input type="checkbox"/> 7-Eleven 現金捐款 Cash Via 7-Eleven	請攜同此印有本會慈善機構條碼之表格到 7-Eleven 付款，並保留交易紀錄，連同表格寄回本會。Please present this barcode at a 7-Eleven cashier for payment, and keep the payment receipt for your records. Please enclose the payment receipt with your Enrolment Form.		 3409900000002412
選取任何捐款形式，均需郵寄或傳真此表格至本會：九龍清水灣道 55 號彩雲二邨基督教勵行會 5 樓企業發展及傳訊科收，請註明：基督教勵行會「香港浸信會醫院日間醫療中心 2 人 3 足勵同行」。Please return this form by post or fax for all methods of donation to: 5/F, Christian Action, 55 Clear Water Bay Road, Choi Wan (2) Estate, Kowloon, Hong Kong. (Attn: Corporate Development and Communications Division). Please put the remarks Christian Action "HKBH Ambulatory Medical Centre 3-Legged Charity Walk" on the envelope. 查詢 Enquiries : 2716 8862 傳真 Fax : 2383 7688 電郵 Email : charitywalk@christian-action.org.hk			

閣下的個人資料將絕對保密，只供基督教勵行會作處理捐款及簽發收據之用。您所提供的資料將可讓閣下與本會保持聯繫。如不同意接收本會資訊，請在空格填上“✓”號。

Your personal data collected will be kept strictly confidential for processing donation and issuing receipts. The information provided could be used to help you stay informed about us. If you disagree to receive further communications from Christian Action, please mark a "✓" in the box.

本人 <input type="checkbox"/> 不同意基督教勵行會向我提供上述資訊。 <input type="checkbox"/> disagree to receive the above-mentioned communications from Christian Action.
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捐款港幣100元或以上可獲發申請減稅收據。Tax-deductible receipts will be issued for donations of HK\$100 or above.