



贊助表格 Sponsorship Form

參加者姓名 Name of Participant	編號 Reference No.	(如有 If any)
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贊助資料 Sponsorship Details

	贊助者姓名(收據抬頭) Names of Sponsors (Name to be shown on receipt) (請參照身份證並以正楷填寫，以便列印在捐款收據上。Please write in BLOCK letters as per HKID card. This will be used for issuing donation receipts.)	贊助額 (HKD) Sponsorship Amount (HKD)
e.g.	陳大文 CHAN TAI MAN	HK\$ 100
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
總贊助額 Total Sponsorship Amount		HK\$

如此表格不敷應用，請自行影印或於活動網頁 www.christian-action.org.hk/charitywalk 下載。

You may photocopy or download this form via www.christian-action.org.hk/charitywalk if space is insufficient.



備註 Remarks:

基督教勵行會已授權參加者向其親友籌募捐款，全部款項須連同報名表格一併寄回基督教勵行會（地址：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）。捐款HK\$100或以上均可獲發收據，以申請扣除認可捐款，收據將寄給參加者/聯絡人，以轉交贊助者。

Christian Action hereby authorises all participants to raise funds from their sponsors. Please return the Enrolment Form and all donations to Christian Action. (Address: 5/F, Christian Action, 55 Clear Water Bay Road, Choi Wan (2) Estate, Kowloon; Attn: Corporate Development and Communications Division) Donations of HK\$100 and above are tax-deductible and the official receipts will be mailed to the participant/ contact person. Sponsors may contact the participant/ contact person to collect receipts.

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	簽署 Signature
(最少兩個月內有效 Valid for at least two months)			
<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
<p>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」。</p> <p>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 (Attn: Corporate Development and Communications Division). Please put the remarks Christian Action "HKBH Ambulatory Medical Centre 3-Legged Charity Walk" on the envelope.</p> <p>查詢 Enquiries : 2716 8862 傳真 Fax : 2383 7688 電郵 Email : charitywalk@christian-action.org.hk</p>			