

本人 / 我們樂意捐助港幣 元予香港傷健協會，作為提供各項殘疾人士及長者服務之用。

I am / We are willing to donate HK\$ to Hong Kong PHAB Association for implementing various services for disabled and elderly persons.

捐款方法 Donation method:

- 劃線支票 (抬頭「香港傷健協會」)
Crossed cheque (payable to “Hong Kong PHAB Association”)
- 直接存款入匯豐銀行戶口 111-058004-002
Direct credit to HSBC account no. 111-058004-002
- 於以下信用卡戶口內扣除
Deduct from credit card account
- Visa 卡 萬事達卡 Master Card
- 持卡人姓名 (英文大楷) Card holder name (in block letters):

信用卡號碼 Credit card no.: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

信用卡有效日期 Credit card expiry date: |_|_| (mm) / |_|_| (yy)

持卡人簽署

日期

Signature of credit card holder: _____

Date: _____

請發收據予捐款人 Please issue a receipt to the donor:

先生/太太/女士/小姐/機構 Mr/Mrs/Ms/Miss/Organization

(姓 Surname) (名 First name)

地址 Address

聯絡電話 Contact phone no. _____

電郵地址 E-mail address _____

捐款港幣一百元或以上者可申請扣減稅項

Donation of HK\$100 or above will be tax deductible

遞交形式 Submission method :

捐款形式 Donation method	郵遞 By post (香港北角百福道 21 號 1402 室 Unit 1402, 21 Pak Fuk Road, North Point, HK)	傳真 By Fax (2875 1401)	電郵 By e-mail (hq@hkphab.org.hk)
支票 Cheque	捐款表格及支票 Donation form and cheque	不適用 Not applicable	
直接存入戶口 Direct credit	捐款表格及存款收據 Donation form and bank-in receipt		
信用卡支付 Credit card payment	捐款表格 Donation form		

個人資料收集聲明及使用同意書

閣下在本表格內提供的個人資料只作募捐及寄發捐款收據用途。如閣下同意本會在符合此目的下，使用您的個人資料，請於下方適當空格加上✓號。

Your personal data will only be used for fund raising purpose and mailing of donation receipt. If you consent us in using your personal data for this purpose, please put a tick in the appropriate box below.

- 本人同意香港傷健協會使用本人的個人資料作募捐及寄發捐款收據用途。
I do not object to Hong Kong PHAB Association in using my personal data for fund raising purpose and mailing of donation receipt.
- 本人不同意香港傷健協會使用本人的個人資料作募捐及寄發捐款收據用途。
I do not agree to Hong Kong PHAB Association in using my personal data for fund raising purpose and mailing of donation receipt.

若你願意於日後收取本會通訊及 / 或年報，請於下方適當空格加上✓號。

If you wish to receive newsletters and/or annual report of Hong Kong PHAB Association, please put a tick in the appropriate box below.

- 本人同意香港傷健協會使用本人的個人資料寄發通訊及 / 或年報。
I do not object to Hong Kong PHAB Association in using my personal data to send newsletters and/or annual report of Hong Kong PHAB Association.
- 本人不同意香港傷健協會使用本人的個人資料寄發通訊及 / 或年報。
I do not agree to Hong Kong PHAB Association in using my personal data to send newsletters and/or annual report of Hong Kong PHAB Association.

除作上述用途外，本會將不會以任何形式出售或轉讓你的個人資料予任何人士或組織。閣下日後可隨時以書面要求本會停止使用閣下的個人資料。書面要求可透過郵遞（地址：香港北角百福道 21 號 1402 室）、傳真（號碼：28751401）或電郵（電郵地址：hq@hkphab.org.hk）交本會行政事務經理。

Other than the above-mentioned purposes, your personal data being collected will not be sold or transferred to any other parties. You can request us, in writing, not to use your personal data at anytime in the future. Your written request can be submitted to the Administration Manager by post (address: Unit 1402, 21 Pak Fuk Road, North Point, Hong Kong), by fax (no. 28751401) or by e-mail (e-mail address: hq@hkphab.org.hk).

簽署

日期

Signature _____

Date _____

多謝閣下的支持 Thank you for your support