



本人 / 我們樂意捐助港幣 元予香港傷健協會，支持 2024 年 1 月 27 日舉行的全港賣旗日。

I am / We are willing to donate HK\$ to Hong Kong PHAB Association to support its territory-wide Flag Day to be held on 27th January 2024.

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

Signature of credit card holder:

日期

Date:

- 掃描其中一個二維碼於網上捐款
Scan one of the QR Codes to make an online donation

*請登入閣下之銀行手機程式進行掃描
Please log in your bank app for scanning



網上捐款網頁
Online Donation Webpage



PayMe



轉數快*
FPS*

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

- 本人 / 我們願意日後以電郵接收募捐呼籲函件
I / We wish to receive donation appeal by e-mail in the future

遞交形式 Submission method :

捐款形式 Donation method	郵遞 (以回郵信封) By post (using the return envelope)	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	

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

個人資料收集聲明及使用同意書 Personal Data Collection Statement & Consent Form

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 _____