

靈實司務道寧養院

捐款表格 Donation Form

盼望得到您的支持，讓我們能為院友及家屬提供全人生命晚期照顧、長者復康治療及優質療養/長期護理照顧服務，一起攜手「用愛擁抱晚晴」。

We need your support in order to provide holistic end-of-life care, specialist geriatric rehabilitation service and quality infirmary/ long-term care. Let's join hands to **"Embrace the Last Journey with Love"**.

- ☐ 按月捐款 Monthly donation ☐ 一次性捐款 One-off donation (☐ 請在適當方格內加 "✓")
- ☐ \$150 ☐ \$500 ☐ \$1,000 ☐ \$2,000 ☐ \$5,000 ☐ 其他 Others : _____
- ☐ 上述捐款有指定用途 Designated purpose of Donation
- ☐ 寧養院擴建計劃 SASHCC – Extension Project ☐ 夾心階層寧養病床計劃 SCB Programme
- ☐ 慈惠病床計劃 RCS Bed Programme ☐ 其他，請註明 Other, please specify : _____

捐款方法 Donation Method

- 劃線支票 Crossed Cheque：祈付 Payable to "Haven of Hope Christian Service"
- 直接存入戶口 Direct Debit：匯豐銀行 HSBC 808-8-000610
- 轉數快 FPS：匯豐銀行 HSBC 103960944
- 信用卡 Credit Card：

☐ VISA ☐ MasterCard ☐ American Express

持卡人姓名：_____

信用卡號碼：_____

Cardholder Name：

Credit Card Number：

有效日期：_____

持卡人簽署：_____

Card Valid Until：

Authorized Signature：

請將支票或銀行入數收據連同填妥之表格寄回：新界將軍澳靈實路 19-21 號或傳真至 2703 5575 或電郵 sashcc@hohcs.org.hk。

Please send cheque or deposit slip together with completed donation form to: 19-21, Haven of Hope Road, Tseung Kwan O, N.T. or by Fax: 2703 5575 or Email : sashcc@hohcs.org.hk

*捐款人資料 Donor's Details

姓名 Name：_____ 聯絡電話 Telephone No.：_____

電郵 Email Address：_____

如要索取收據 (HK\$100 或以上)，請填寫地址：

Please provide address if receipt is required (for HK\$100 or above)：

*為必須填寫的項目，以使用作印發捐款收據之用 All fields are required to be filled in for issuing donation receipt.

個人資料收集聲明 Use of Personal Data Declaration

基督教靈實協會 (下稱靈實) 尊重閣下所提交的個人資料。您所提供的個人資料只限用於靈實發出捐款收據、通訊、籌募經費及收集捐款者意見之用。在未得您的事先同意前，我們不會向其他人士或機構披露所收集的個人資料。靈實並會確保所有個人資料都根據《個人資料(私隱)條例》所載的規定妥善保存及使用。如閣下需要查閱或修正您的個人資料，請在辦公時間內致電 2703 3000，電郵至 sashcc@hohcs.org.hk 或致函至香港九龍將軍澳靈實路 19-21 號與本院行政部聯絡。

Haven of Hope Christian Service intend to use your personal details for our communication in future, including issuing donation receipt, passing information, fundraising work and conducting donor surveys or research. We will not provide your personal data to third parties without your consent. We are committed to protecting the privacy, confidentiality and security of the personal information we hold by complying with the requirements of Personal Data (Privacy) Ordinance with respect to the management of personal information. If you wish to access or correct your personal data, please contact SASHCC at 2703 3000, or sashcc@hohcs.org.hk or 1/F, 19-21 Haven of Hope Road, Tseung Kwan O.

- ☐ 本人同意基督教靈實協會及其服務單位使用本人之個人資料傳遞服務通訊、活動宣傳、發出捐款收據及慈善籌款募捐之用。I agree to the proposed use of my personal data by Haven of Hope Christian Service and its service units for service communication, event promotion, donation receipt and charitable fundraising purposes.

簽署 Signature：_____

日期 Date：_____