



# 香港醫藥援助會 PROJECT CONCERN HONG KONG

## 捐款表格 DONATION FORM

本人樂意捐助： I would like to donate:

- HK\$100       HK\$500       HK\$1,000       其他 Other HK\$ \_\_\_\_\_
- 每月捐款       每季捐款       一次性捐款  
Monthly donation      Quarterly donation      One-off donation

作以下用途： Designated for the following purpose:

- 牙科服務 Dental service       眼科服務 Eye service       中醫服務 Chinese medicine service  
 日常經費 General Fund       診金津助 Patient Sponsorship  
 健康教育及推廣 Health Education and Promotion       儀器及設備 Equipment and Facilities

支票 Cheque

請將劃線支票連同此捐款表格寄回本會。支票抬頭註明『香港醫藥援助會』。  
Please send a crossed cheque payable to "Project Concern Hong Kong" and this donation form to our Head Office.

銀行直接存款 Direct Transfer

可直接存入以下戶口（賬戶名稱：香港醫藥援助會），並把存款單據連同捐款表格傳真或寄回本會。  
Direct transfer to our following bank accounts (Account name: Project Concern Hong Kong). Please fax the bank-in slip together with this donation form or send them to our Head Office.

- 中國銀行（香港）戶口 Bank of China (Hong Kong) Number: 031-389-1022649-1
- 滙豐銀行戶口 HSBC Account: 444-068514-001

信用卡 Credit Card

信用卡號碼 Credit Card No. \_\_\_\_\_  Visa       Master Card

信用卡有效期至 Card Valid until \_\_\_\_ (月 MM) / \_\_\_\_ (年 YY) (三個月內有效 valid for the next 3 months)

信用卡持有人姓名:

信用卡持有人簽署:

Cardholder's name: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

本人（適用於每月及每季捐款者）同意此授權在此信用卡有效期過後及獲發新卡後仍繼續生效，直至本人另行通知貴會。

For monthly and quarterly donation, this authorization will continue after the expiry date of this credit card and with the issuance of a new card until further notice.

捐款者資料 Donor's Information :

姓名 Name : \_\_\_\_\_ 聯絡電話 Contact No. : \_\_\_\_\_

郵寄地址 : \_\_\_\_\_

Correspondence Address

- 你的個人資料將會絕對保密。Your personal data will be kept strictly confidential.
- 你的個人資料將用作發出捐款收據、通訊、籌募本會經費及收集意見之用途。 We shall use your personal data for issuing receipts, fostering communications, raising funds and conducting surveys for our agency.

本會地址：九龍深水埗李鄭屋邨李鄭屋邨商場 105 號地下

Organization Address: Shop 105, G/F, Lei Cheng Uk Arcade, Lei Cheng Uk Estate, Shamshuipo, Kowloon.

電話 Tel : 2776 9081

傳真 Fax : 2776 9083

電郵 Email : [medcare@projectconcern.org.hk](mailto:medcare@projectconcern.org.hk)