



香港醫藥援助會 PROJECT CONCERN HONG KONG
香港醫援會醫療服務 PCHK Medical Services

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\$ _____

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 ☐ 診金津貼 Patient Sponsorship
☐ 健康教育及推廣 Health Education and Promotion ☐ 儀器及設備 Equipment and Facilities

☐ 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) Account: 031-389-1022649-1
- 滙豐銀行戶口 HSBC Account: 444-068514-001

☐ 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 us.

☐ 網上銀行捐款 Online Banking Donation

如閣下銀行戶口設有網上銀行服務，便可登入網上銀行戶口，選擇『繳費服務』，便可將捐款從閣下指定的銀行賬戶轉賬至本會。 You may log-in your online banking system and make your donation by choosing "Bill payment". Donation will be transferred to us from your designated account.

姓名 Name * : _____ 聯絡電話 Contact No. * : _____

郵寄地址 Correspondence Address * : _____

* 必須填寫的資料。 The items must be filled in.

收集個人資料聲明 Personal Data Collection Statement :

- 閣下的個人資料將會絕對保密。 Your personal data will be kept strictly confidential.
- 閣下的個人資料將用作發出捐款收據、通訊、籌募本會經費、收集意見及推廣用途。 Project Concern Hong Kong (PCHK) will use your personal data for issuing receipts, fostering communications, raising funds, conducting surveys and promotion activities for PCHK.
- 我們將不會轉移閣下之個人資料給第三者。 PCHK will not transfer your personal data to third parties.
- 如閣下不同意，我們不會將閣下的個人資料作上述用途。如閣下不同意，請在以下空格內加上「✓」號。 PCHK will not use your personal data for the above purposes unless you give your consent. If you do not agree to the use of your personal data for the above purposes, please indicate by putting a tick in the box below.
- 如閣下欲查閱、更改或要求停止我們使用閣下的個人資料，請以下列的方法聯絡我們。 If you would like to access, change or request us to stop using your personal data, please contact us via the following means.

☐ 本人不同意香港醫藥援助會使用我的個人資料作上述用途。 I disagree PCHK to use my personal data for the above purpose.

本人已閱讀、了解及同意香港醫藥援助會上述有關收集、使用及提供個人資料的聲明。 I have read, understood and agreed with the above statement regarding the collection, use and provision of personal data by PCHK.

簽署 Signature : _____

日期 Date : _____

地址：九龍深水埗李鄭屋邨李鄭屋商場地下 116 號 Address: Shop 116, G/F, Lei Cheng Uk Shopping Centre, Shamshui, Kln.
電話 Tel : 2776 9081 傳真 Fax : 2776 9083 電郵 Email : medcare@projectconcern.org.hk