Cheque Donation Form 支票捐款表格

兒童癌病基金 Children's Cancer Foundation

兒童紓緩服務基金 Children's Palliative Care Foundation

本人樂意捐款港幣 _____ 元予 I wish to make a donation of HK$ _____ to:

☐ **兒童癌病基金 Children's Cancer Foundation 或 or**

☐ **兒童紓緩服務基金 Children's Palliative Care Foundation ***

* 凡月捐達港幣三百元或單次捐款達港幣五千元，您便可成為「兒童紓緩之友」。詳情請參閱 cpcf.ccf.org.hk。
With a minimum donation of HK$300/month or HK$5,000 one-off, you can become a member of 'Friends of CPC'. Please refer to cpcf.ccf.org.hk (Chinese only) for details.

☐ 不加入「兒童紓緩之友」。I do not wish to become member of 'Friends of CPC'.

個人資料 Personal Details:

稱謂 Title: 先生 Mr / 女士 Ms / 小姐 Miss　　中文姓名 Chinese Name: _____

英文姓名 English Name: _____ _____

(姓氏 Family Name)　　(名字 Given Name)

郵遞地址 Postal Address: _____

_____

聯絡電話 Contact Number: _____　　電郵 E-mail: _____

(凡捐款港幣一百元或以上可在香港申請稅項扣除。 Donations of HK$100 or more are tax deductible in Hong Kong.)

☐ 請寄發正式收據。 Please issue an official receipt.
收據抬頭（如與捐款者姓名不同）：_____

Name of Recipient (if different from the donor): _____

☐ 希望收取《童心》會訊。 I wish to receive Newsletter.

○ 電郵 E-mail　○ 郵遞 Post

☐ 希望接收基金的其他資訊。 I wish to receive other information from the Foundation.

表格填妥後，連同劃線支票（抬頭：「兒童癌病基金」或「兒童紓緩服務基金」）郵寄至香港干諾道中125號東寧大廈702室兒童癌病基金。

Please return the completed form with a crossed cheque payable to "Children's Cancer Foundation" or "Children's Palliative Care Foundation" by post to Children's Cancer Foundation, Room 702, Tung Ning Building, 125 Connaught Road Central, Hong Kong.
(所有個人資料僅作內部使用，本基金絕對保密。Data collected will be treated in strictest confidence and will be for internal use only.)