

請以正楷填妥下列表格,並寄回香港癌症基金會,簡便回郵十號(毋須郵票)或傳真致本會 3667 2100。 Please complete this form and return to us by post to Hong Kong Cancer Fund, Freepost No. 10, Hong Kong (no stamp required if posted in HK) or by fax 36672100.

紀念已故 In Memory of :	
我願意作出單次捐款 I want to give an one-off donation of:	
☐ HK\$2,000 ☐ HK\$1,000 ☐ HK\$500 ☐ HK\$30	00 HK\$
個人資料 Personal Information (In BLOCK LETTERS please)	
姓氏 Surname Mr / Mrs / Ms / Miss名字 First Name	中文姓名
地址 Address	
捐款者編號 Donor No. (曾捐款者適用 If applicable): 香港身份証 / 護照 號碼 HKID Card/Passport:	
出生日期 Date of Birth日 D月 M年 Y 電郵 Email	[
電話 Tel: 手提 Mobile	
捐款方法 Donation Methods	
□ 支票 Cheque (支票抬頭香港癌症基金會 Please make cheque payable to Hong Kong Cancer Fund)	
支票號碼 Cheque No.:	
□ 信用卡 Credit Card	
信用卡類別 Credit Card Type	
持卡人姓名 Cardholder's Name	
信用卡號碼 Credit Card No.	簽發銀行 Card Issuing Bank
簽發銀行 Card Issuing Bank	
有效日期 Expiry Date 月 Month年 Year * (有效期不少於兩個月 minimum valid for 2 months)	
持卡人簽署 Cardholder's Signature	日期 Date
*每月捐款將在信用卡到期後自動延續 Monthly donation continues after card expiry until further notice given.	
是否需要收據 Receipt Required □ 是,收據抬頭 Yes, Name on receipt	t
*捐款滿港幣一百元以上,可憑收據申請扣減稅項。 All donations of HK\$100 or above are tax deductible.	
您的個人資料將保密處理,並只會用作發出捐款收據、會員服務及通訊、募捐、意見收 集,並邀請您出席健康講座及相關的活動等用途。	Your personal information will be treated as strictly confidential and used solely for handling your donation, issuing receipts, providing donor services, communication, appeal fundraising, feedback collection and inviting you to our health talks and relevant activities, etc.
請在方格內加✔號表示: 本人 □ 同意 / □ 不同意 接收香港癌症基金會的資訊。	Please ✓ one of the boxes: ☐ I wish / ☐ I don't wish to receive information from Hong Kong Cancer Fund.
請選擇以何種途徑讓我們跟您分享本會的工作進展及最新消息 Please tell us how you would like to receive our latest news and developments	□ 電郵 Email □ 一般郵件 Post
通訊語言選擇(請選其一) Language preference (select one only)	□ 英文 English □ 中文 Chinese

多謝你的慷慨捐助!如有任何疑問,歡迎致電 3667 6333。

Thank you for your generosity. If you have any enquiries please call Donation Hotline at 3667 6333.