

捐款表格 Donation Form





致:香港盲人輔導會 To: The Hong Kong Society for the Blind 248 Nam Cheong Street, Shamshuipo, Kowloon. 九龍深水埗南昌街248號 *本人/機構願意作出 * □ **一次性 / □ 每月 / □ 每年** 捐贈 港幣 ________ 元作為下列用途: *I/Our organization wish to make a * one-off / monthly / annual donation of HK\$ ______ for the following charity purpose(s): 視覺醫療服務 展能及長者院舍服務 Vision Health Services Capacity Building and Elderly Residential Services 教育及社區支援服務 就業支援服務 **Employment Support Services Education and Community Support Services** 一般捐款 **General Donation** 請發收據抬頭予 Please issue receipt to: 捐款人資料 Donor's Information (請用正楷填寫 PLEASE USE BLOCK LETTERS) 個人/機構名稱: Name/Organization: 通訊地址: Correspondence Address: __ * 先生/太太/女士/小姐 聯絡人: *Mr/Mrs/Ms/Miss Occupation: Contact Person: _ 聯絡電話: 住宅/辦公室電話: Contact Telephone: _____ Home/Office Telephone: _ 傳直號碼: 電郵地址: E-mail Address: ___ 個人/機構負責人簽署: 日期: Signature of Individual/Officer-in-charge: Date: 捐贈方法 Donation Methods] 支票:支票抬頭請寫「香港盲人輔導會」 直接存入匯豐銀行戶口號碼 (004) 050-000348-001 By Direct Transfer to HSBC Account No. (004) 050-000348-001 By cheque: Payable to "THE HONG KONG SOCIETY FOR THE BLIND" 7 VISA □ 信用咭付款 By Credit Card 到期日 Expiry Date _ _ 簽署 Signature _

□ 本人不同意香港盲人輔導會聯絡本人進行任何直接籌募及服務推廣等工作。

I do not wish to be contacted by The Hong Kong Society for the Blind for any donation appeal and services promotion purpose.

本人聲明此捐款表格所提供之個人資料乃出於自願及正確,並同意貴會向有關方面核實該等資訊。本人同意貴會可持有、儲存及使用該等資料用作通訊及寄發收據用途。本人亦可隨時向貴會查閱及修訂上述資料。 任何有關香港盲人輔導會私隱政策的查詢,可透過本會通訊地址或以電郵 enquiry@hksb.org.hk 提出。

I declare that the personal data provided above are accurate and are provided by me voluntarily. I agree that The Hong Kong Society for the Blind may check the data with the relevant authorities concerned. I agree that your Society may keep, store and use those data for communication and issuance of receipt. At the same time, I may check and update those data with your Society from time to time. For any enquiry of the Society's Personal Privacy Policy, please send to its correspondence address or email to enquiry@hksb.org.hk

查詢 Enquiries