

本人樂意按月捐款港幣 _____ 元予 I wish to make a monthly 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: _____

AMEX MasterCard VISA

信用卡號碼 Credit Card No.: _____

發卡銀行 Issuing Bank: _____

持卡人姓名 Cardholder's Name: _____

有效日期 (月/年) Expiry Date (MM/YY): _____ / _____

持卡人簽署 Cardholder's Signature: _____

(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.

表格填妥及簽署後，可傳真至 +852 2815 5511、電郵至 <donation@ccf.org.hk> 或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 and duly signed form to our office via fax +852 2815 5511, e-mail <donation@ccf.org.hk> or 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.)