



# Eye Care Charitable Foundation Limited 睛彩慈善基金有限公司

## 捐款表格 Donation Form

姓名 Name : (先生/女士/小姐) (Mr/Ms/Miss)

捐款收據姓名 (如與上述不同) : (先生/女士/小姐)  
Name on receipt (if different from above) : (Mr/Ms/Miss)

地址 Address :

聯絡電話 Tel No. :

電郵地址 Email :

### 捐助資料 Donation Information

本人樂意捐款

支持貴機構。

I would like to donate HK\$ \_\_\_\_\_ in support of Eye Care Charitable Foundation Ltd.

### 捐款方法 Donation Method (如適合，請加上「✓」號。Please tick where appropriate.)

#### PayMe 捐款 (快速支付系統) Donation by PayMe

請透過可以支援 PayMe 的手機應用程式或電子錢包，輸入捐款。請把捐款收據或交易截圖連同捐款表格寄往睛彩慈善基金有限公司，以便確認及寄回收據。

Please use mobile app or e-wallet which supports PayMe to make a donation. Please send the pay-in slip or screen capture with the completed donation form to us by post for an official receipt.

#### 轉數快 捐款 (快速支付系統識別碼) Donation by Faster Payment System (FPS)

轉數快識別碼 FPS ID : **107746158**

戶口名稱: **睛彩慈善基金有限公司** Account Name: **Eye Care Charitable Foundation Ltd**

請把捐款收據或交易截圖連同捐款表格寄往睛彩慈善基金有限公司，以便確認及寄回收據。

Please send the pay-in slip or screen capture with the completed donation form to us by post for an official receipt.

#### 支票捐款 Cheque Donation

劃線支票抬頭請寫「睛彩慈善基金有限公司」或“Eye Care Charitable Foundation Ltd.” 支票號碼:

Please make cheque crossed and payable to “Eye Care Charitable Foundation Ltd”. Cheque No.: \_\_\_\_\_

#### 銀行捐款 (請將存款收據正本連同此表格寄回本基金辦事處，以便發出捐款收據。)

**Bank Deposit** (Please return the original deposit slip together with this form to our Foundation for issue of receipt.)

滙豐銀行 HSBC A/C No. 124-081936-838

上海商業銀行 Shanghai Commercial Bank A/C No. 329-82-22026-2

請將捐款表格及支票/銀行入數記錄郵寄至: 旺角郵政信箱 79022 號

Please send donation form and cheque/ bank-in slip to: P. O. Box no. 79022, Mongkok Post Office

### 個人資料收集聲明 Personal Information Collection Statement

你的個人資料絕對保密。以上資料只會用作寄發收據、籌款及各項活動的推廣用途。如你不同意，請在以下的空格內加上「✓」號。如你不在空格內加上「✓」號，但在下方指定位置簽名，將被視作同意把資料用作上述用途。

Any personal data collected will only be used for sending out receipt, fundraising and/or event promotion purposes. All data will be kept strictly confidential.

本人不同意睛彩慈善基金有限公司使用我的個人資料作上述推廣用途。

I do not agree Eye Care Charitable Foundation Ltd to use my personal data for the mentioned promotional purposes.

簽署 :

姓名 :

日期 :

Signature :

Name :

Date :

附註 Note:

1. 請將填妥的捐款表格及捐款寄回本基金會。Please fill out the donation form and return it to the Foundation together with your donation.
2. 捐助港幣 100 元或以上的善款可向政府申請扣稅。Tax deduction can be claimed for donation of HK\$100 or above.
3. 欲諮詢詳情，請致電予本基金會。Please call the Foundation if you have any enquiry.

多謝慷慨解囊! Thank you for your generosity!

睛彩慈善基金有限公司專用 For Office Use

Received on		Receipt no.	
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