



### A. 捐款詳情 Donation Details

本人樂意捐贈香港中文大學兒科學系如下：

I would like to contribute to the Department of Paediatrics, The Chinese University of Hong Kong as follows:

- 一次性 One-off                       每月 Monthly                       每半年 Semi-annual                       每年 Annual  
 HK\$ 1,000                       HK\$ 5,000                       HK\$ 10,000                       其他 Others \_\_\_\_\_

to support 作下列用途

- 教學用途 Education purposes                       研究及培訓 Research & Training                       發展基金 General endowment fund  
 其他 Others \_\_\_\_\_

捐贈港幣 100 元或以上可憑正式收據申請扣減稅項，正式收據將郵寄至捐款者 / 聯絡人之郵寄地址。

Donation over HK\$100 is tax deductible with an official receipt which will be sent to your mailing address in due course.

本人不需要捐款退稅收據。Tax-deductible donation receipt is not required.

### B. 聯絡資料 Contact Information

- 以個人名義捐贈 Personal Donation  
 以機構名義捐贈 Organization Donation      公司 / 團體名稱 Company / Organization Name : \_\_\_\_\_

#### 捐款者 / 聯絡人資料 Donor / Contact Person Particulars:

稱謂 Title:                       教授 Prof.  博士 Dr.  先生 Mr.  女士 Ms.  太太 Mrs.  
 其他(請註明) Others (Please specify): \_\_\_\_\_

姓名 Name (中文) \_\_\_\_\_ (English) \_\_\_\_\_

電話 Phone No. \_\_\_\_\_ 電郵 E-mail \_\_\_\_\_

收據抬頭 Name on Receipt (如與捐款者不同 if different from donor's name) \_\_\_\_\_

鳴謝抬頭 Name on Acknowledgement (如與捐款者不同 if different from donor's name) \_\_\_\_\_

郵寄地址 Mailing Address: \_\_\_\_\_

本人欲以「無名氏」身份捐款，亦無需鳴謝。The donor wishes to be reported as anonymous.

### 中文大學校友適用 For The Chinese University of Hong Kong Alumni Only

校友編號 Alumni ID: \_\_\_\_\_ 畢業年份 Graduation Year: \_\_\_\_\_  
 書院 / 研究院 College / Graduate School: \_\_\_\_\_ 課程及主修 Programme and Major: \_\_\_\_\_

### C. 捐贈方法 Donation Method

劃線支票 (抬頭請註明「香港中文大學」Made payable to "The Chinese University of Hong Kong")

Cheque no. 支票號碼 \_\_\_\_\_

信用咭 By credit card (Visa / Master)     Hang Seng Bank     Other Bank

持咭人姓名 Cardholder's Name \_\_\_\_\_

信用咭號碼 Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

屆滿日期 Expiry Date \_\_\_\_\_ (月Month) \_\_\_\_\_ (年Year)

本人授權香港中文大學從以上信用咭戶口扣除以上捐贈金額，捐贈金額將以港幣折算。

I hereby authorize CUHK to debit the above donation amount from the above credit card in Hong Kong dollars.

使用恒生銀行信用咭捐贈，大學可獲銀行豁免收取行政費。請將支票連同此捐款表格寄回至香港中文大學兒科學系辦公室。如以信用咭捐款，可傳真或郵寄至香港中文大學兒科學系辦公室。  
The bank will waive the administration charge to CUHK if the donation is made via Hang Seng bank credit card. Please send a crossed cheque with the completed form to our Office. For credit card donation, please fax or mail this form to our Office.

持咭人簽名 Cardholder's Signature \_\_\_\_\_

### D. 收集個人資料聲明 Personal Information Collection Statement

本人不同意香港中文大學兒科學系使用本人的個人資料向本人進行籌募推廣或活動宣傳。

I do not wish to be contacted by Department of Paediatrics, The Chinese University of Hong Kong for direct marketing purposes relating to solicitation of donations and/or promotion of activities of the Department.

簽署 Signature: \_\_\_\_\_ 日期 Date: \_\_\_\_\_

THANK YOU FOR YOUR GENEROUS SUPPORT 感謝您的慷慨支持

#### D. 收集個人資料聲明 Personal Information Collection Statement

此表格所收集的資料將用作與捐贈有關的各種目的，包括保存捐贈紀錄及呈報大學有關部門。在未得到閣下同意，我們絕不會向外披露任何個人資料。閣下有權要求查閱及更改提供予本系的個人資料。如閣下欲行使這項權利，請電郵至 [paediatrics@cuhk.edu.hk](mailto:paediatrics@cuhk.edu.hk)。The information collected in this form will be used for the purposes of donation record keeping and reporting to the relevant University units, and other related activities. No personal data shall be disclosed to other organizations or individuals without your prior consent. You have the right to request the access to or the correction of information by sending e-mail to [paediatrics@cuhk.edu.hk](mailto:paediatrics@cuhk.edu.hk).

#### 香港中文大學兒科學系 Department of Paediatrics, The Chinese University of Hong Kong

如有任何查詢，歡迎聯絡我們。For enquiries, please contact us :

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傳真 Fax	(852) 2636 0020	Address	Department of Paediatrics, Room 84033 6/F, Lui Che Woo Clinical Sciences Building Prince of Wales Hospital, Shatin, New Territories, HONG KONG
電郵 Email	<a href="mailto:paediatrics@cuhk.edu.hk">paediatrics@cuhk.edu.hk</a>		

THANK YOU FOR YOUR GENEROUS SUPPORT 感謝您的慷慨支持