I am pleased to support The Maryknoll Medical and Welfare Association Limited 本人樂意支持瑪利諾醫藥福利會有限公司

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Phone No.: 聯絡電話: ₋			Email: ₋ 電郵地址:		
Donation Amo 捐款數目:	ount: HK\$		_		
Method of Dar 捐款方法:	nation:				
1. Crosse	d Cheque 劃線支	票*			
Ple	ase mark payable	e to " The Maryk	noll Medical a	and Welfare Asso	ociation Limited"
支票	票抬頭請寫 " 瑪利 詞	若醫藥福利會有關	艮公司"		
Che	eque No. 支票號码	馬:			
2. Throug	h Credit Card 信月	用卡過數			
	Visa Card	Master	Card		
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Cai	rd No.信用卡號碼	:			
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The above personal data will only be used by The Maryknoll Medical and Welfare Association Limited for issuing a receipt to the donor and interal records. If you require more information regarding the use of your personal data by our Association, please call 2354 2255 for enquiry. 瑪利諾醫藥福利會有限公司謹將上述個人資料作簽發收據及內部記錄之用。閣下欲了解更多關於本會如何使用閣下之個人資料,請致電2354 2255。

- The cheque should be sent with this slip. A tax deductible receipt will be issued for donation of HK\$100 and above. Credit card donation can be made by faxing this slip to Fax no.: 2321 5873.
- * 請將支票與回條一併寄回。善款捐助港幣一百元以上可憑收據免税。信用卡捐款可傳真至2321 5873