



瑪利諾醫藥福利會有限公司
The Maryknoll Medical and Welfare Association Limited

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

Name (Mr / Mrs / Ms):

姓名 (先生 / 太太 / 女士) : _____ (收據抬頭)

Address:

地址:

Phone No.:

聯絡電話 : _____

Email:

電郵地址 : _____

Donation Amount:

捐款數目 : HK\$ _____

Method of Danation:

捐款方法 :

1. Crossed Cheque 劃線支票*

Please mark payable to "**The Maryknoll Medical and Welfare Association Limited**"

支票抬頭請寫 "**瑪利諾醫藥福利會有限公司**"

Cheque No. 支票號碼 : _____

2. Through Credit Card 信用卡過數

Visa Card

Master Card

Name of Cardholder 持咭人姓名 : _____

Card No. 信用卡號碼 : _____

Expiry Date 有效日期 : _____

Card Validation Number (VIN)**:

信用卡驗證編碼** : _____

Authorized Date 授權日期 : _____

Signature of Cardholder 持咭人簽署 : _____

The above personal data will only be used by The Maryknoll Medical and Welfare Association Limited for issuing a receipt to the donor and internal 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稅。信用卡捐款可傳真至2321 5873

** Visa and Master Card validation number is the last 3-digit number printed on the back of your card.

** Visa及Master Card的信用卡驗證編碼印於信用卡背面的最後3位數字。

Please mail this Slip with payment to 「The Maryknoll Medical and Welfare Association Limited」
c/o Our Lady of Maryknoll Hospital, 118 Shatin Pass Road, Wong Tai Sin, Kowloon, Hong Kong.
請將此回條連同捐款寄回「九龍黃大仙沙田坳道118號聖母醫院轉交「瑪利諾醫藥福利會有限公司」」收。