



(請於適當方格內加上「√」 Please put a “√” in the boxes if appropriate)

- ☐ 本人 / 本機構樂意捐助「**病人資源中心**」
I/We want to support **Patient Resource Centre**
- ☐ 本人 / 本機構樂意捐助「**癌症病人資源中心**」
I/We want to support **Cancer Patient Resource Centre**

☐ A. 捐款金額(港幣) Donation Amount: HK\$ _____

- 附上支票乙張 A cheque (號碼 No.) is enclosed.

Please make crossed cheque payable to **"Hospital Authority - Queen Elizabeth Hospital"**

- 如欲以現金捐款，善長可以用信封裝載捐款連同捐贈表格封口投入位於伊院範圍內的伊利沙伯醫院慈善信託基金捐款箱內，捐款箱設於以下地點：(日間醫療中心(ACC)二樓藥房、E座一樓近會計部及藥房櫃位或B座地下底層安寧堂櫃檯)。Cash donation can be dropped off together with the donation form in a sealed envelope at any of the Queen Elizabeth Hospital Charitable Trust (QEHT) donation boxes installed at the following areas in the hospital (**Pharmacy**: 2/F Ambulatory Care Centre, **Near Shroff and Pharmacy Counters**: 1/F, Block E and **Hall of Eternal Peace**: L/G/G Block B).

- ☐ B. 捐贈物品 Donated Item:

估價 Estimated Value:

* 若捐贈物品不被接納，本院會通知捐贈者取回；若該物品於兩星期內未被領回，本院有權自行處理。
If the donated item is not accepted, OEH will contact the donor to take back the item. The hospital reserves the right to dispose of the item if it is not taken back within 2 weeks.

☐ 以個人名義捐款 Individual Donor

- ☐ 以機構名義捐款 Corporate Donor

善長芳名或機構名稱:

(先生 / 女士 / 太太)

Name of Individual or Organization:

(Mr / Ms / Mrs)

聯絡人姓名(如與上述不同):

(先生 / 女士 / 太太)

Name of Contact Person (If different from above):

(Mr / Ms / Mrs)

地址 Address:

電話 Tel:

雷郵 Email:

身份証號碼:

HKID No. :

					X	X	X	X
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- ☐ 捐款港幣一百元或以上可獲發收據作扣稅用途。除特別註明外，捐款收據將按上述善長芳名或機構名稱發出。
Donation receipt will be issued for donation of HK\$100 or above which is tax-deductible. The donation receipt will be issued to the name of individual or organization provided above unless otherwise specified
- ☐ 需要致謝信 A thank you letter is required.

本中心或會於網站/其他途徑列出善長芳名或機構名稱，以作鳴謝。如不同意，請於以下註明。

The Centre may acknowledge donations on the website or other means. If you do not agree, please indicate below.

- ☐ 我不同意貴院鳴謝本人 / 機構的捐款
I do not agree to have my donation / donation of the organization acknowledged by Hospital

個人資料收集聲明 Personal Information Collection Statement

本表格所收集閣下的個人資料將嚴格保密處理，並只會向病人資源中心、癌症病人資源中心及伊利沙伯醫院提供，以用作與籌募相關事宜及發出收據的目的。
Your personal data collected in this form will be kept strictly confidential and made available only to PRC, CPRC and Queen Elizabeth Hospital (QEH) to use for purposes relating to donation matters and for issuing receipts.

根據《個人資料(私隱)條例》，由於病人資源中心、癌症病人資源中心及伊利沙伯醫院擬使用閣下的個人資料(即你的姓名和聯絡資料)進行善募捐，我們需先取得閣下的同意，但本院在未得到閣下的同意之前不會如此使用閣下的個人資料。

Under the Personal Data (Privacy) Ordinance, PRC, CPRC and QEH need to obtain your consent as we intend to use your personal data (i.e. your name and contact data) for solicitation of donations for charitable purposes to PRC, CPRC and QEH but will not so use your personal data unless your consent is received.

使用個人資料作籌募推廣

如閣下願意繼續支持病人資源中心、癌症病人資源中心及伊利沙伯醫院的慈善工作，並同意我們使用閣下的個人資料為病人資源中心、癌症病人資源中心及伊利沙伯醫院進行慈善募捐，請於下方空格簽署。如閣下不同意，則無需簽署。

Use of Personal Data for Solicitation of Donations

Please sign in the space below if you agree to support the charity work of PRC, CPRC and QEH and the use of your personal data for solicitation of donations to PRC, CPRC and QEH. If you find such use not acceptable, then your signature is not required.

閣下有權隨時查閱和改正病人資源中心、癌症病人資源中心及伊利沙伯醫院持有關於閣下的個人資料。如要行使上述權利或不欲再收到病人資源中心、癌症病人資源中心及伊利沙伯醫院有關慈善募捐的推廣資訊，請 致電 3506 6434 與病人資源中心負責人 或 3506 5393 癌症病人資源中心負責人聯絡。

You have rights of access and correction with respect to your personal data held by PRC, CPRC and QEH. If you wish to exercise these rights or you do not wish to receive any promotional materials on solicitation for donations to PRC, CPRC and QEH afterwards, please contact IC of PRC at 3506 6434 or IC of CPRC at 3506 5393.

捐贈人簽名

Signature of Donor :

日期

Date :

請貼郵票
Stamp

伊利沙伯醫院 - 病人資源中心
香港九龍加士居道30號
日間醫療中心閣樓5室
Rm 5, M/F, Ambulatory Care Centre
30 Gascoigne Road, Kowloon, Hong Kong
Patient Resource Centre
Queen Elizabeth Hospital

多謝您的慷慨捐贈

Thank you for Your Generous Donation

* 請勿郵寄現金 * (Please do not send cash by mail)