

DONATION FORM

捐款表格

I / We agree to donate \$ _____ in support of the work of Sau Po Centre on Ageing, HKU.
我 / 我們同意捐款 _____ 以支持香港大學秀圃老年研究中心的工作。

Donation Method **Cash** 現金 (Please send to our office in person. 請親臨本中心遞交。)
捐款方式 **Cheque** 支票 (Please send to our office by mail or in person. 請郵寄或親臨本中心遞交。)
Cheque no. 支票號碼: _____ (Payable to "The University of Hong Kong" 抬頭請寫「香港大學」)

Please tick as appropriate 請在適用方格打剔 * Mandatory fields 必須填寫

Individual Donor 個人捐款

Name 姓名* : (Mr./Ms./Mrs./Dr./Prof.) _____ (English)
(Please delete as appropriate) (Surname) (Given Name)
_____ (中文)

Contact no. _____ Fax no. _____
聯絡電話* : _____ 傳真 : _____

Email Address _____
電郵地址* : _____

Organization _____ Post _____
機構 : _____ 職位 : _____

Mailing Address _____
郵寄地址* : _____

Are you HKU Alumni?
您是否香港大學校友? Yes 是 Year of Graduation 畢業年份 : _____

Department/Curriculum 學系/學科 : _____

No 否

Corporate Donor /Charity Donation 企業/慈善團體捐款

Organization _____ (English)
機構* : _____ (中文)

Name of contact person _____

聯絡人姓名* : (Mr./Ms./Mrs./Dr./Prof.) _____ (English)
(Please delete as appropriate) (Surname) (Given Name)
_____ (中文)

Contact no. _____ Fax no. _____
聯絡電話* : _____ 傳真 : _____

Email Address _____ Post _____
電郵地址* : _____ 職位* : _____

Mailing Address _____
郵寄地址* : _____

Remarks 備註:

- Receipt will be issued for donations of HK\$100 or above for tax-deduction purpose.
捐款超過港幣 100 元可獲發收據申請扣減稅項。
- Personal data provided in this form will be used for administrative and statistical purposes. Under the provisions of the Personal Data (Privacy) Ordinance, you have rights to request access to, and to request the correction of, your personal data.
此表格上提供的個人資料將會用作行政及統計之用途。根據《個人資料(私隱)條例》，閣下有權查閱及更改有關個人資料。
- If you do not wish to receive any information from the HKU Family Institute, please tick the box.
如您不希望再收到香港大學秀圃老年研究中心任何資訊，請在空格填上剔號。