

「華人專科醫生協會」捐款表格

"The Chinese Association of Medical Specialists" Donation form

我願意捐款支持「華人專科醫生協會」:

I would like to make a donation to support "The Chinese Association of Medical Specialists":

請在適當位置填上☑號 Please tick ☑ as appropriate *必須填寫 Required Information 一次性捐款 One-off donation □ 其他 Please Specify: ☐ HK\$100 ☐ HK\$200 ☐ HK\$500 ☐ HK\$1000 每月捐款 Monthly donation ☐ HK\$100 ☐ HK\$200 ☐ HK\$500 ☐ HK\$1000 □ 其他 Please Specify: (捐款\$100 港元或以上可憑收據退稅。) (Donation of HKD \$100 or above is eligible for tax exemption.) 捐款者資料 Donor's Information *□小姐 Miss □女士 Ms □太太 Mrs □先生 Mr *Name (English): *姓名(中文): 公司/機構 Company/Organization *電郵 Email: *電話 Telephone: □我要匿名捐款 I wish to stay anonymous *通訊地址 Correspondence Address: * 捐款方法 Donation Method 銀行入數 直接存入本會匯豐銀行戶口,戶口帳號: 741-361034-838。並在存款收據正本/自動櫃員機 Bank Deposit 單據正本背面寫上姓名、地址及電話,連同本表格寄回本會。 Please make a direct deposit into our The Hongkong and Shanghai Banking Corporation Limited account: 741-361034-838 and write your name, address and contact number at the back of the original bank deposit slip/ATM slip and mail it together with this form to TCAMS. 轉數快 以流動銀行應用程式,選擇轉數快服務,輸入電話號碼: 61512367 FPS 完成付款後,請截圖並 WhatsApp 到 61512367 確認。 注意: 所有入數紙截圖請顯示入數日期及時間 Choose FPS via mobile banking app, input mobile number 61512367 After completing the payment, please take a screenshot and WhatsApp to 61512367 to confirm. Note: Please show the date and time of the date and time of all the screenshots of the entry slip 劃線支票 抬頭寫上「華人專科醫生協會有限公司」,連同本表格寄回本會。 Crossed Cheque Please make it payable to "The Chinese Association of Medical Specialists Limited" and mail to TCAMS office.

多謝 Thank You!

捐款港幣\$100或以上者可獲發免稅收據(稅局檔案 91/17830)「華人專科醫生協會」將運用您的個人資料作 發出收據,通訊及籌募本會經費之用。若閣下拒絕收取本會的通訊,請通知本會。您提供的資料只作報名及 日後聯絡時作核實身份之用。您提供的個人資料,除本會授權的職員外,不會提供予其他人士。

Official tax-deductible receipt will be issued for all donations of HK\$100 or more (IR File No. 91/178305). We shall use your personal data for issuing receipts, fostering communications, raising funds and conducting donor survey for TCAMS. Your data will be dealt with on a strictly confidential basis. If you prefer not to receive any further mailings from TCAMS, please inform us. The personal data you provided will be used only for the purpose of joining our activities and identity verification. The personal data provided will not be disclosed to any third parties without your prior consent unless required by law.

苦要求更正或索取您申報的個人資料,請與我們聯絡。

Please contact us if you would like to access or correct your personal data.

□本人不願意接收華人專科醫生協會的資訊 I do not wish to receive information from TCAMS

聲明 Declaration

您提供的資料只作報名及日後聯絡時作核實身分之用。您提供的個人資料,除本會授權的職員外,不會提供予其他人士。The personal data you provided will be used only for the purpose of joining our activities and identity verification. The personal data provided will not be disclosed to any third parties without your prior consent unless required by law.

若要求更正或索取您申報的個人資料,請與我們聯絡。

Please contact us if you would like to access or correct your personal data.

聯絡方法 Contact Us

電話 Tel: (852) 61512367 電郵 Email: info@tcams.care 網址 Website: www.tcams.care

#填妥表格後,請寄回香港九龍大有街1號勤達中心605室「華人專科醫生協會」或電郵至 info@tcams.care 。手續辦妥後,會員將獲發確認電郵。

Please return completed form to The Chinese Association of Medical Specialists at Unit 5, 6/F, Midas Plaza, No.1 Tai Yau Street, San Po Kong, Kowloon, Hong Kong or email to info@tcams.care. Confirmation will be sent to your email for verification.