

# Yan Chai Hospital Donation Form(donation)

## Donation Information

(Please tick the relevant box(es). \* Please delete where inappropriate.)

I would like to make a donation : ☐ HK\$99 ☐ HK\$199 ☐ HK\$\_\_\_\_\_ to support Yan Chai Hospital

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Emergency Assistance Relief Fund  | <input type="checkbox"/> Tetraplegic Fund                               | <input type="checkbox"/> Various Charitable Services Fund                        |
| <input type="checkbox"/> Hospital Medical Fund             | <input type="checkbox"/> Free Consultation and Medicine Charitable Fund | <input type="checkbox"/> Social Services Fund                                    |
| <input type="checkbox"/> Educational Services Fund         | <input type="checkbox"/> Moral and Civic Education Award Fund           | <input type="checkbox"/> MY Rehabilitation Foundation                            |
| <input type="checkbox"/> Caring Fund For Severely Disabled | <input type="checkbox"/> Re-development Fund                            | <input type="checkbox"/> Little Leaders Monthly Donation and Volunteer Programme |
| <input type="checkbox"/> Old Age Allowance Donation Scheme | <input type="checkbox"/> One Heart with Humanity Sponsorship Programme  | <input type="checkbox"/> Smart Electronic Products Recycling Programme           |
| <input type="checkbox"/> Legacy Donation Scheme            | <input type="checkbox"/> Others (please list): _____                    |  |

## Donor's Information

Name	* Mr /Ms /Miss	Tel							
Name on receipt	* Mr /Ms /Miss	Address							
<input type="checkbox"/> To save administration costs, no donation receipt is required.		Email							

## Donation Method

### ☐ Credit card (donation)

☐ Visa ☐ Master ☐ Yan Chai CUP Dual Currency Credit Card

Card Issuing Bank																
Cardholder's Name	* Mr /Ms /Miss															
Card No.																
Expiry Date	/ (Month / Year)															
Cardholder's Signature											Date					
1. Please ensure that the signature used is the same as that on your credit card, and sign all amendments in the same way. 2. I/We hereby authorize Yan Chai Hospital to charge my/our card account for the relevant amounts specified above.																

### ☐ PPS

Tel : 18033 Website : www.ppsk.com Merchant code : 9386

Donation Date: \_\_\_\_\_ Payment reference no.: \_\_\_\_\_

### ☐ FPS

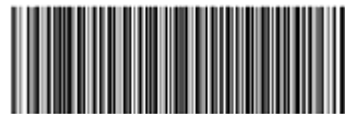
FPS Identifier : 8124661 Donation Date: \_\_\_\_\_

Donor's account name: \_\_\_\_\_

### ☐ 7-Eleven

Cash donation can make by present below barcode to any 7-Eleven in HK (HK\$1~5,000 per transaction). Please mail the original receipt together with this form to Yan Chai Hospital Board Office.

7-11 HSBC



3170 1001 5458 8800 132

### ☐ Crossed Cheque

Please make your cheque payable to the "Yan Chai Hospital" and return together with this form.

Cheque no.: \_\_\_\_\_

### ☐ ALIPAY HK

Donation Date: \_\_\_\_\_

Donation reference no.: \_\_\_\_\_

(Last 5 digits of donation reference no.)



### ☐ Octopus

Donation Date: \_\_\_\_\_

Reference no.: \_\_\_\_\_

(Last 5 digits of reference no.)



### ☐ PayMe

Donation Date: \_\_\_\_\_

Donation Name: \_\_\_\_\_

(Enter in message box)



### ☐ PayPal / WeChat Pay / BOC Pay

Donation Date: \_\_\_\_\_

Reference no.: \_\_\_\_\_

(Last 5 digits of reference no.)



### ☐ Bank Deposit (Please mail the original bank pay-in-slip together with this form to Yan Chai Hospital Board Office.)

HSBC	001-545888-001
Hang Seng Bank	288-092323-001
Bank of China (Hong Kong)	064-780-0-015564-4
Bank of Communications (Hong Kong Branch)	541-0-202888-8
Bank of East Asia	514-40-44845-1
Chong Hing Bank	259-20-555666-3
Nanyang Commercial Bank	043-472-00570073

## Personal Information Collection Statement

Yan Chai Hospital ("YCH") shall comply with the Personal Data (Privacy) Ordinance in handling and keeping your personal data. YCH will not sell and/or provide your personal data to any third party. YCH intends to use your personal data for future correspondences, fund-raising appeals, conducting survey or promotional activities. YCH will not use your personal data for the above purposes unless you give your consent. If you do not agree to the use of your personal data for the above purposes, please indicate by putting a tick in the box below. You have the right to access, correct and request YCH to stop using your personal data for the above purposes at any time and at no charge by calling 187 2828 during office hours.

☐ I object to the use of my personal data by YCH for the above purposes.

I have read, understood and agreed with the statement regarding the collection, use and provision of personal data by YCH.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

# Tax-deductible receipts will be issued to donation of HK\$100 or above.