

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 Services Fund |
| <input type="checkbox"/> 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"/> Others (please list): _____ |
| <input type="checkbox"/> YCH Little Leaders Monthly Donation and Volunteer Programme | | |

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) (Please fax to 2412 0245)

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 | | | | | | | |
| <p>1. Please ensure that the signature used is the same as that on your credit card, and sign all amendments in the same way.</p> <p>2. I/We hereby authorize Yan Chai Hospital to charge my/our card account for the relevant amounts specified above. I/We agree that this authorization shall have effect after the valid date of the credit card or replacement of the credit card until further notice.</p> | | | | | | | | | | | |

PPS

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

Donation Date: _____ Payment reference no.: _____

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 / FPS / 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 |

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 : _____