

$Yan\ Chai\ Hospital\ Donation\ Form ({\tt donation})$

Donation Information			(Pl	ease tick the re	levant bo	ox(es). * Plea	se delete when	e inapproj	priate.)
I would like to make a d			to supp	ort Yan Cha					
☐ Emergency Assistance		etraplegic Fund	M. H. L. Gleret	.1.1. 171		ious Servi			
☐ Yan Chai Anti-pande☐ Educational Services		ree Consultation and Moral and Civic Educa					es Fund tation Foun	dation	
☐ Caring Fund For Sev			tion / twara 1 and	u			e list):		
☐ YCH Little Leaders 1	Monthly Donation and	Volunteer Programme	e 🔲 "One H	leart with H	umanit	y" Sponsoi	rship Progra	amme	
☐ Yan Chai Old Age Al	llowance Donation Scl	neme							
Donor's Information									
Name		* Mr /Ms /Miss	Tel						
Name on receipt		* M . M . M	Address	,		1	1		
-		* Mr /Ms /Miss							
☐ To save administration	on costs, no donation re	eceipt is required.	Email						
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Donation Method			□ ppc						
□ Credit card(donatio	Pn) (Please fax to 2412 0245) Yan Chai CUP Dual (Surrancy Cradit Card	□ PPS Tel: 180)33 Websi	te'ww	w.ppshk.co	m Mercl	nant code	. 038
Card Issuing Bank	Tall Chai COF Duai C	currency Credit Card		Date:					
Cardholder's Name		* Mr /Ms /Miss	2011401			_ 1			
Card No.									
 		(Manda / Warn)	☐ FPS						
Expiry Date Cardholder's	/	(Month / Year)	FPS Ider	ntifier: 8124	661 D	onation Dat	te:		
Signature	1	Date	Donor's	account name	e:				
Please ensure that the signat amendments in the same wa	ture used is the same as that on your o	redit card, and sign all							
I/We hereby authorize Yan O	Chai Hospital to charge my/our card a that this authorization shall have effe								
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		EL MINUM	Bank of East	t Asia	8		514-40-448	45-1	
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