

Queen Mary Hospital – Donation Form

**We thank you for your donation as a recognition and appreciation of our services
as well as a gesture of generosity and thoughtfulness.**

Please “☑” as appropriate

*Please delete as appropriate

Ref. No: _____ (For Internal Use)

Donation Details

☐ Cash Donation: of HK\$ _____ [Cash/ Cheque* (Cheque No.: _____)] to:

☐ Item Donation: of _____
(Description of Donation Item)

with an estimated value of HK\$ _____ to:

Donation Purpose

☐ Designated for Department/ Service (please specify) _____

☐ Designated for enhancing patient services

☐ Others (eg., medical equipment, staff training and development, please specify) _____

Name of Donor: (Mr/ Ms/ Company*) _____

Correspondence Address: _____

Contact Number: _____ Email Address: _____

Name of Addressee on the Receipt: _____ (as appropriate)

Donor's Signature: _____ Date: _____

#If there is no indication on donation purpose, the donation will be used for enhancing patient services in general.

#If donation amount is HK\$100 or above, the receipt may be used to claim for tax relief. Crossed cheques should be made payable to “Hospital Authority – Queen Mary Hospital”.

#Please do not hand in your donation to our healthcare workers including clinicians, nursing colleagues, but please place the donation inside the hospital donation boxes or mail the completed donation form together with the cheque to the Donation Office of Queen Mary Hospital (Address: Room 911, 9/F., Admin Block, Queen Mary Hospital, 102, Pok Fu Lam Road, Hong Kong)

#Personal Information Collection Statement: The personal data collected in this form will be kept strictly confidential and made available only to the Queen Mary Hospital for recording donation and issuing receipts.

瑪麗醫院 – 捐贈表格

我們感謝您的慷慨捐贈，作為對醫院服務的讚賞和鼓勵，以及一點心意的表達

請在合適方格上“☑”

*請刪去不適用者

參考編號: _____ (僅供內部使用)

捐贈詳情

☐ 現金捐贈: 現捐贈港幣[現金/ 支票* (支票號碼: _____)] _____ 元正給予:

☐ 物件捐贈: 現捐贈 _____ 價值約港幣 _____ 元正給予:
(物件名稱)

捐贈用途

☐ 指定部門/ 服務 (請註明) _____

☐ 指定作為改善病人服務經費

☐ 其他 (醫療器材, 員工培訓及發展, 請註明) _____

捐款人姓名: (先生/ 女士/ 公司*) _____

通訊(聯絡)地址: _____

聯絡電話: _____ 電郵地址: _____

收據抬頭: _____ (如與上述捐款人姓名不同)

簽署: _____ 日期: _____

#若閣下沒有註明捐贈用途，該捐款將會撥作為一般性改善病人服務經費之用。

#捐款額等於或超過港幣 100 元者，可憑收據作扣減稅項用。劃線支票請註名支付「醫院管理局 – 瑪麗醫院」。

#請不要把捐款交予醫院的醫生, 護士等醫護人員。閣下可將捐款放入醫院的捐獻箱或將填妥的捐贈表格連同支票寄回本院捐款辦事處 (地址: 香港薄扶林道 102 號行政樓 9 樓 911 室)。

#個人資料收集聲明: 本表格所收集的個人資料將嚴格保密處理，並只會向瑪麗醫院內部提供，以用作記錄捐款及發放收據之用。