



瑪麗醫院  
QUEEN MARY HOSPITAL

Dear Sir/Madam,

**Unsolicited Donation**

Although we appreciate donations as a gesture of generosity and thoughtfulness, please note that staff of Queen Mary Hospital are not permitted to solicit donation, particularly from patients. It is not a necessity for patients and their relatives to make any kind of donation to our Hospital.

In order to avoid any unnecessary misunderstanding, donation in cash/cheque should not be handed to any staff member. If it is still the donor's wish to make a donation, we would be grateful if the donor could complete the following donation slip and deposit it together with the cash/cheque in the hospital's Donation Box (or mail to the address below in case of cheque). Donations of HK\$100 or more are tax deductible. For enquiries, please phone: 2255 6757 or fax: 2481 0907.

Thank you for your support.

Yours sincerely,

Hospital Chief Executive  
Queen Mary Hospital

To : Hospital Chief Executive  
Queen Mary Hospital  
102 Pokfulam Road  
Hong Kong

I would like to support \_\_\_\_\_ (Service) of the  
\_\_\_\_\_ (Department/Unit/Ward) of Queen Mary Hospital (QMH) by making a donation.

**Donation Details**

Donation Amount: HK\$ \_\_\_\_\_

In cash

Crossed cheque (*Payable to "Hospital Authority - Queen Mary Hospital"*)

Cheque no.: \_\_\_\_\_ Issue Bank: \_\_\_\_\_

**Donor Particulars**

Name: (Mr / Ms / Mrs) \_\_\_\_\_ (In block letters)

Please issue receipt to (if different from above): (Mr / Ms / Mrs) \_\_\_\_\_ (In block letters)

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Donation receipt will be issued for donation of HK\$100 or above which is tax-deductible.

**Personal Information Collection Statement**

Your personal data collected in this form will be kept strictly confidential and made available only to QMH and Hospital Authority (HA) to use for purposes relating to donation matters and for issuing receipts.

Under the Personal Data (Privacy) Ordinance, QMH and HA need to obtain your consent as we intend to use your personal data (i.e. your name and contact data) for solicitation of donations for charitable purposes to QMH and HA but will not so use your personal data unless your consent is received.

**Use of Personal Data for Solicitation of Donations**

**Please sign in the space below if you agree to support the charity work of QMH and HA and the use of your personal data for solicitation of donations to QMH and HA. If you find such use not acceptable, then your signature is not required.**

You have rights of access and correction with respect to your personal data held by QMH and HA. If you wish to exercise these rights or you do not wish to receive any promotional materials on solicitation for donations to QMH and HA afterwards, please contact Secretariat and Service Planning Section of Queen Mary Hospital at 2255 6757 or by email qmh.donation@ha.org.hk

(  Please put a "✓" in the boxes if appropriate )

Signature of the Donor: \_\_\_\_\_ Date: \_\_\_\_\_

Queen Mary Hospital, Room 904, 9/F, Administration Block, 102 Pokfulam Road, Hong Kong  
Tel : 2255 6757 Fax : 2481 0907 Website : www.qmh.org.hk



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敬啟者：

### 自願捐獻

院方感謝大家以慷慨捐獻的形式來表達對醫院的心意。但是，並不容許員工進行募捐，尤其不能向病人募捐。同時，病人及病人的家屬亦無必要向本院提供任何形式的捐獻。

為免引起任何不必要的誤會，所有現金/支票捐款均不應交予任何醫院員工。敬希各位善長能填妥下列捐款表格，連同捐款/支票投入正院地下的捐款箱。捐款港幣一百元或以上，可獲免稅。如有查詢，請致電：2255 6757 或傳真：2481 0907。

多謝 閣下的慷慨支持！

瑪麗醫院行政總監

致： 香港薄扶林道 102 號瑪麗醫院行政總監

本人願意捐款支持瑪麗醫院\_\_\_\_\_ (部/組/病房/服務)。

#### 捐款詳情

捐款金額: 港幣 \$ \_\_\_\_\_

捐款方法:

現金

劃線支票 (抬頭請寫「醫院管理局 - 瑪麗醫院」)

支票號碼: \_\_\_\_\_ 發出銀行: \_\_\_\_\_

#### 捐款人資料

善長芳名: \_\_\_\_\_ (先生 / 女士 / 太太)

收據請發予(如與上述不同): \_\_\_\_\_ (先生 / 女士 / 太太)

地址: \_\_\_\_\_

電話: \_\_\_\_\_ 電郵: \_\_\_\_\_ 傳真: \_\_\_\_\_

捐款港幣一百元或以上可獲發收據作扣稅用途。

#### 個人資料收集聲明

本表格所收集閣下的個人資料將嚴格保密處理，並只會向瑪麗醫院及醫管局提供，以用作與籌募相關事宜及發出收據的目的。

根據《個人資料(私隱)條例》，由於瑪麗醫院及醫管局擬使用閣下的個人資料(即你的姓名和聯絡資料)進行慈善募捐，我們需先取得閣下的同意，但瑪麗醫院及醫管局在未得到你的同意之前不會如此使用你的個人資料。

#### 使用個人資料作籌募推廣

如閣下願意繼續支持瑪麗醫院及醫管局的慈善工作，並同意我們使用你的個人資料為瑪麗醫院及醫管局進行慈善募捐，請於下方空格簽署。如你不同意，則無需簽署。

你有權隨時查閱和改正瑪麗醫院及醫管局持有關於你的個人資料。如要行使上述權利或不欲再收到瑪麗醫院及醫管局有關慈善募捐的推廣資訊，請致電 2255 6757 或電郵至 [qmh.donation@ha.org.hk](mailto:qmh.donation@ha.org.hk) 與秘書處及服務規劃組聯絡。

(  請於適當方格內加上「√」)

捐款人簽署: \_\_\_\_\_ 日期: \_\_\_\_\_

香港薄扶林道 102 號 瑪麗醫院 行政樓 9 樓 904 室  
電話：2255 6757 傳真：2481 0907 網址：www.qmh.org.hk