



Medical Assistance Fund-raising Programme Registration Form

(Please put a ✓ in the box or cross-out as appropriate)

Types of Donation

☐ Monthly Donation

☐ HK\$1,000 ☐ HK\$500 ☐ HK\$100 ☐ Other _____

☐ One-off Donation

☐ HK\$5,000 ☐ HK\$3,000 ☐ HK\$1,000 ☐ HK\$500 ☐ Other _____

Personal Information

Name of Donor (Mr. / Ms. / Miss / Org) _____ (same as recipient of the receipt)

Name on receipt: ☐ Same as above ☐ Other _____ Name for acknowledgement: ☐ Same as above ☐ Other _____

Contact Person (for Group Donation) _____

Tel _____ Fax _____ Email _____

Correspondence Address _____

The above donation is referred by _____ (name of current Board Member of Po Leung Kuk) (if applicable)

To help us better allocate our resources, please indicate the channel from which you know about this programme:

☐ Advertisement on newspaper / magazine ☐ Article on newspaper / magazine ☐ Email ☐ Post ☐ Leaflet
☐ Social Media ☐ Online Advertisement ☐ Outdoor Advertisement ☐ Referred by a friend / family ☐ Other _____

Donation by

☐ Credit Card ☐ VISA ☐ MasterCard

☐ One-time amount HK\$ _____ ☐ Every year (until further notice) ☐ Every half year (until further notice)

Credit Card No. _____ Valid until _____

Cardholder's name _____ Cardholder's signature _____

☐ Crossed cheque made payable to "Po Leung Kuk"

Name of Bank: _____ Cheque No. _____

☐ Bank's pay-in slip

HSBC	A/C no. 002-239564-006	Shanghai Commercial Bank	A/C no. 32882-18927-8
Hang Seng Bank	A/C no. 262-191166-001	DBS Bank (Hong Kong)	A/C no. 992-130240625
Bank of China (Hong Kong)	A/C no. 012-875-00206767		

☐ Others Payme FPS

Personal Information Collection Statement

Apart from the above programme, Po Leung Kuk may use your personal data provided in this form and donation record in the database to send you the most updated information relating to our services, development and the appeal of donation campaigns through various channels such as direct mailing, email, telephone, SMS or facsimile, etc. If you do not wish to receive such materials, please put a ✓ in the box below.

☐ I / We do not wish to receive any promotion materials from Po Leung Kuk as specified above.

I / We have read, understood and agree the Personal Information Collection Statement from Po Leung Kuk on the collection, use and transfer of my personal data.

Signature _____ Date _____

Notes

* Please complete this form and send it together with a crossed cheque (made payable to "Po Leung Kuk"), original copy of the pay-in slip or cap screen of the payment information to: Finance Department, Po Leung Kuk, 66 Leighton Road, Hong Kong.
 * Payment information includes payer's information, bank account name, bank in date, payment amount and purpose of payments.
 * Receipt will be issued to any donation of HK\$100 or above.
 * For donations through credit card, in case of termination, please write to Finance Department, Po Leung Kuk, 66 Leighton Road, Hong Kong or call 2277 8198.

Approved Code

For Official Use Only



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保良局

