

贊助表格



Donation Form

本人認同及支持腦友心的工作並願意捐贈港幣：_____作為
腦友心推行協助腦損患者及公民教育活動的經費。

I would like to make a donation of HK\$_____for supporting the
activities of assisting the Brain-Injury patient and public education run by
Braincare

捐款辦法 Donation Method



現金
Cash

只可直接交到腦友心辦事處
You may donate the cash to Braincare office by hand only.



¹
支票
Cheque

請聯同此表格寄回腦友心辦事處
Please send the cheque and this form to our office directly



²
經銀行入數
Bank-in

請聯同銀行入數紙及此表格寄或傳真回腦友心辦事處
Please send the transaction slip and this form to our office

通訊資料 Information for Correspondence

姓：_____先生/太太/小姐/其他_____) 名：_____
Surname Mr./Mrs./Miss/others Name

地址：_____
Address

聯絡電話：_____ 傳真：_____
Telephone No. Fax No.

電郵地址：_____ @ _____
Email:

捐款人/機構負責人簽署：_____ 日期：_____
signature of Donor/person-in-charge of organisation Date

備註 Remarks:

- 支票受款機構為「腦友心」make cheque payable to "Braincare"
- 受款機構銀行資料： 銀行：恒生銀行 戶口名稱：腦友心
Bank Information Banker: Heng Seng Bank Account Name: Braincare
戶口號碼(Account No.): 208-008995-001
- 捐款港幣\$100元或以上，可獲發可退稅收據
Tax Deductible Receipt would be issued for donation of HK\$100 or above

歡迎致電2338-8076查詢有關腦友心服務詳情

請貼郵票

Please stick
stamp here

腦友心 Braincare

社區復康網絡 CRN

九龍橫頭磡村宏禮樓地下

Ground Floor, Wang Lai Hse., Wang Tau Hom Est.,KLN.

Fold along the line 依虛線對摺



Fold along the line 依虛線對摺