

天主教香港教區醫院牧民委員會

Catholic Diocese of Hong Kong Diocesan Commission for Hospital Pastoral Care

Tel: 27144492

Fax: 22445744

Email: hpc@catholic.org.hk

<http://hpc.catholic.org.hk>

心意奉獻表格

點滴關懷，已是生命的瑰麗漣漪
Your affection will spread a graceful ripple in life

我誠意為支持關懷病弱者的工作祈禱，

並附上捐款港幣 _____ 元。

I pledge to support the mission of hospital pastoral care
by prayers and donation of HK\$ _____

支票抬頭請寫「教區醫院牧民委員會」，支票連同此表格郵寄至
九龍深水埗永康街111號明愛醫院懷義樓地下

Cheque made payable to "Diocesan Commission for Hospital Pastoral Care"

Please send the cheque and form to

G/F, Wai Yee Block, Caritas Medical Centre, 111 Wing Hong St, Kowloon

請以正楷填寫以下資料，以便聯絡及寄回收條。

姓名 Name : _____

日間聯絡電話 Daytime contact : _____

地址 Address : _____

捐款在港幣一百元或以上者將獲收據，以作申請扣稅之用。

個人資料收集聲明 Personal Information Collection Statement

本表格所收集有關的個人資料將嚴格保密處理，並只會作發出收據、存檔和與捐款人通訊之用。為本委員會提供行政、資訊技術和其他相關服務的人員，亦有機會接觸相關的資料。有關查詢和改正個人資料的要求，請以書面至九龍深水埗永康街111號明愛醫院懷義樓地下教區醫院牧民委員會與執行幹事聯絡。
Personal Data will be kept confidential and will only be used for processing of donation receipt, keeping of records and communication with donors. They may be transferred to third party service providers and agents who provide administrative, computer or other services to the Diocesan Commission for Hospital Pastoral Care. Request for access to personal data shall be addressed to Executive Secretary, Diocesan Commission for Hospital Pastoral Care, G/F, Wai Yee Block, Caritas Medical Centre, 111 Wing Hong St, Kowloon.

教區醫院牧民委員會將會向捐款人／機構作出鳴謝，如不同意，請於以下註明。

我不同意委員會鳴謝本人／機構的捐款。

Acknowledgement to donor will be arranged. If you do not agree, please indicate below.

I do not agree to have my donation / donation of the organization acknowledged by Diocesan Commission for Hospital Pastoral Care.