

健康快車 光明有望



PUTTING HOPE IN SIGHT

致 To: 健康快車香港基金 Lifeline Express Hong Kong Foundation
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Rm 504, 5/F., Hewlett Centre, 54 Hoi Yuen Road, Kwun Tong, Kowloon

信用卡捐款表格(單次捐款)
Credit Card Donation Form (One-off Donation)

捐款者資料 Donor's Information 捐款者號碼 Donor Number: _____ (如適用 if applicable)

姓名/機構 Name/Co.: _____ (先生 Mr./女士 Ms.)

地址 Address: _____

電話 Tel: _____ 電郵 Email: _____

請寄回捐款收據。若收據抬頭與捐款者不同，請註明。Please specify if the receipt name is different from the above: _____ 不需要捐款收據。
No donation receipt is needed.

*捐款港幣 100 元或以上可憑收據申請扣減稅項。Donation of HK\$100 or above is tax deductible with an official receipt.

捐款金額 Donation Amount:

HK\$500 HK\$1,000 HK\$2,000 其他 Other HK\$ _____

信用卡 Credit Card: AMEX VISA MASTER

持卡人姓名 Cardholder's Name: _____

信用卡號碼 Credit Card No.: _____

信用卡有效期至 Expiry Date: _____

持卡人簽署 Cardholder's Signature: _____ 日期 Date: _____

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健康快車香港基金 Lifeline Express Hong Kong Foundation

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