

捐款表格 Donation Form

本人樂意支持香港醫學博物館並捐助以下金額：

I would like to donate the following to support the Hong Kong Museum of Medical Sciences:

- | | | | |
|--|--------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> 捐款
Donations | <input type="checkbox"/> HK\$ 10,000 | <input type="checkbox"/> HK\$ 5,000 | <input type="checkbox"/> HK\$ 3,000 |
| | <input type="checkbox"/> HK\$ 1,000 | <input type="checkbox"/> HK\$ 800 | <input type="checkbox"/> HK\$ 500 |
|
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| <input type="checkbox"/> 卓見捐助累積贈款
Donation towards the Visionary Donor Scheme | HK\$: _____ | | |
| <input type="checkbox"/> 成為卓見捐助者 (捐款HK\$20,000或以上)
As a Museum Visionary (HK\$20,000 or more) | HK\$: _____ | | |

捐款港幣100元以上，可憑收據申請免稅。
Donations of HK\$100 or above are tax-deductible

查詢電話 Enquiries : 2549 5123 / For CNE Project and other donation options please email to us at info@hkmms.org.hk

姓名Name: _____ (請用正體，姓氏先行Block letters, please)
(先生Mr / 女士Mrs / 小姐Ms / 醫生Dr / 博士Dr / 教授Prof)

公司名稱 (如適用) Company Name (if applicable): _____

地址 Address : _____

電話 Tel : _____ 電郵 E-mail : _____

用於收據姓名 Name to be used on receipt: _____

刊證於博物館網站鳴謝姓名 (捐款HK\$1,000或以上適用) :
Name to be used for acknowledgement on Museum's website
(for donations of HK\$1,000 or more):

請將捐款連同表格一併寄回：香港半山區堅巷2號 香港醫學博物館學會收

支票必須劃線，抬頭請填寫：「香港醫學博物館學會」。

Please mail your donation cheque with this form to: Hong Kong Museum of Medical Sciences Society, 2 Caine Lane, Mid-levels, Hong Kong

Cheques should be crossed and made payable to: "Hong Kong Museum of Medical Sciences Society"