



內科及藥物治療學系腦神經科 **Division of Neurology** Department of Medicine & Therapeutics

如您希望支持我們的工作,請填寫以下捐款表格,並傳真/電郵/郵寄給我們。您的捐款將全數作為香港中文大學醫學院內科及藥物治療學系腦神經科(中大腦神經科)的經費。

If you would like to show your support by donating, please fill out the form and email/fax/mail back to us. All the donations raised will be used for the development and operation of Division of Neurology, Department of Medicine & Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong (Division of Neurology, CUHK).

1. 捐款次數 Donation Frequency	2. 捐款金額 Dona	2. 捐款金額 Donation Amount		
□ 單次捐款 one-off	☐ HK\$500 ☐ F	☐ HK\$500 ☐ HK\$1,000 ☐ HK\$5,000 ☐ HK\$10,000		
□ 定期捐款 recurrent	☐ 其他 others	☐ 其他 others		
□ 每月 monthly □ 每半年 semi-annual □ 每年 annual				
□ 其他 others				
捐贈港幣 100 元或以上可憑正式收據申請扣減稅項。正式收據將郵寄至 閣下之郵寄地址。 Donation over HK\$100 is tax-deductible with an official receipt which will be sent to your mailing address in due course.				
3. 捐款者資料 Donor Particulars				
□ A. 以個人名義捐款 Personal Donation	A. 以個人名義捐款 Personal Donation		中大校友適用 For CUHK Alumni	
姓名(博士/先生/女士/太太)	(中文)	畢業年份 Graduation Year		
Name (Dr./Mr./Ms./Mrs.)	(Eng)	主修 Major		
☐ B. 以機構名義捐贈 Organization Donation		書院/研究 College/ Gradu	ate School	
機構名稱	(中文)			
Company Name	(Eng)	中大職員適用 For CUHK	<u>Staff</u>	
聯絡人 (博士/先生/女士/太太)	(中文)	職員編號 Staff ID		
Contact Person (Dr./Mr./Ms./Mrs.)	(Eng)			
□ 本人欲以「無名氏」身份捐贈。I wish to remain anonymous for the donation.				
電郵 E-mail 電話	電話 Phone No.		傳真 Fax No.	
郵寄地址 Mailing Address				
☐ 請將捐款退稅收據郵寄至本人的通訊地址。 Please send the tax-deductible donation receipt to my mailing address.				
收據抬頭 Name on Receipt 🗌 同上 Same as above 🔲 其他 (請例明) Others (Please specify):				
□ 本人不需要捐款退稅收據。 Tax-deductible receipt is not required.				
4. 捐贈方法 Donation Method				
■ A. 劃線支票 By crossed cheque (抬頭請註明「香港中文大學」 Payable to "The Chinese University of Hong Kong")				
支票號碼 Cheque no.				
■ B. 信用咭 By credit card ■ 恒生銀行 Hang Seng Bank ■ 其他銀行 Other Bank				
持咭人姓名 Cardholder's Name				
信用咭號碼 Card Number	屆滿日期 Expiry Dat	te (月 Month)	(年 Year)	
本人授權香港中文大學從以上信用咭戶口扣除以上捐贈金額,捐贈金額將 <u>以港幣折算</u> 。				
I hereby authorize CUHK to debit the above donation amount from the above credit card in Hong Kong dollars.				
持咭人簽名 Cardholder's Signature				





內科及藥物治療學系腦神經科 **Division of Neurology** Department of Medicine & Therapeutics

□ 本人不同意中大腦神經科使用本人的個人資料向本人進行籌募推廣或活動宣傅。			
I do not wish to be contacted by Division of Neurology, CUHK for direct marketing purpose relating to solicitation of			
donations and/or promotion of activities of the Centre			
簽署 Signature	日期 Date		

填寫捐款表格後,請傳真/電郵/郵寄給我們。Please email/fax/mail the form back to us.

香港中文大學醫學院內科及藥物治療學系腦神經科

Division of Neurology, Department of Medicine and Therapeutics

Faculty of Medicine, The Chinese University of Hong Kong

電郵 Email: neurology@cuhk.edu.hk 電話 Phone No.: 2895 3968 傳真 Fax: 2295 4399

地址 Address:

香港 新界 沙田 威爾斯親王醫院 呂志和臨床醫學大樓九樓 114028 室 腦神經科

Division of Neurology, Room 114028

9/F Lui Che Woo Clinical Sciences Building

Prince of Wales Hospital, Shatin, New Territories, Hong Kong

<u>收集及使用個人資料政策</u>

收集及使用個人資料

閣下在捐款表格所提供的個人資料(包括姓名、聯絡資料、校友資料及捐款紀錄)將用作與捐贈有關的 各種目的,包括保存捐贈紀錄及呈報香港中文大學有關部門。倘若得到 閣下同意,中大腦神經科亦可以向 閣下進行籌募推廣或宣傳本校的活動。

查閱及更改個人資料

閣下有權要求查閱及更改提供予本中大腦神經科的個人資料。如 閣下欲行使這項權利,請透過郵寄或電郵 neurology@cuhk.edu.hk 提出。

Collection and Use of Personal Data Policy

Collection and Use of Personal Data

Your personal data including your name, contact information, alumni information and donation information provided in this form will be used for the purpose of donation record keeping and reporting to the concerned units of The Chinese University of Hong Kong. With your consent, your personal data may also be used by Division of Neurology, CUHK (the Division) for direct marketing purposes relating to solicitation of donations and/or promotion of activities of the University.

Personal Information Access and Correction

You have the right to request access to and (if appropriate) correction of personal data held by the Division. If you wish to exercise this right, please email to neurology@cuhk.edu.hk or write to us.