

我們需要您的支持

We Need Your Support

靈實醫院的服務經費主要來自醫院管理局的撥款，但院內一些有意義及創新的非資助性服務仍有賴您的捐助和代禱。

The hospital mainly depends on the funding from the Hospital Authority. However, prayer and donations are very important in helping to employ necessary resources for launching many meaningful and pioneering non-subservent services.

HHH_LFT_0709

個人資料 Personal Data

姓名 Name : _____ (先生Mr/小姐Miss/太太Mrs)

電話 Tel : _____

地址 Add : _____

電郵地址 Email Address : _____

身份證號碼頭四個數目字 The first four digits of HKID No. : _____

捐款者編號 (如適用) Donor No. (if applicable) : _____

支持項目 Support Programs

本人樂意支持靈實醫院下列非資助性服務，並願意捐助：

In support of following non-subservent services, I would like to donate :

一次過捐助港幣予：

- \$ _____ 紓緩治療(善終) Palliative care (hospice)
- \$ _____ 老人及復康 Geriatric & rehabilitation
- \$ _____ 戒毒復康 Drug rehabilitation
- \$ _____ 福音事工 Evangelistic work

總捐款額 Total donation : \$ _____

每月捐助港幣 Monthly Donation :

\$1,000 \$500 \$300 Others其他 : \$ _____





支持support :

- 紓緩治療(善終) Palliative care (hospice) 老人及復康 Geriatric & rehabilitation
- 戒毒復康 Drug rehabilitation 福音事工 Evangelistic work

捐款方法 Donation Method

劃線支票 (祈付「基督教靈實協會」) Crossed cheque payable to 'Haven of Hope Christian Service'

直接存入戶口 Deposit cash to bank: 匯豐銀行HSBC 018-9-113855

信用咭 Credit Card :     Cards

持卡人姓名 Cardholder's name: _____ 信用咭號碼 Credit Card No.: _____

卡有效日期 Effective date: _____ 持卡人簽署 Signature: _____

按月自動轉賬 Autopay : 本會將按上述個人資料寄上「直接付款授權書」We will send you an autopay form

備註 Remarks

- ◆ 捐款100元或以上將獲發減稅收據。Receipt will be given to donations of \$100 or above.
- ◆ 請將支票或銀行存款單寄回靈實醫院社區關係部收。Please send the cheque or deposit slips to us at Community Relations Office, Haven of Hope Hospital.
- ◆ 查詢電話/Tel: 2703 8063 傳真/Fax: 2703 8665
地址/Add: 香港九龍將軍澳靈實路八號 Haven of Hope Hospital, 8 Haven of Hope Road, Tseung Kwan O, Kowloon