

# Donation Form

Please write in block letters

**Donation**

**Monthly Donation** from \_\_\_\_\_ (YY) \_\_\_\_\_ (MM) to  \_\_\_\_\_ (YY) \_\_\_\_\_ (MM)

until further notice

HK\$ \_\_\_\_\_ to AHKHCCM

HK\$ \_\_\_\_\_ to \_\_\_\_\_

(pls. state name of hospital chaplaincy office)

HK\$ \_\_\_\_\_ to "We Care" (published by AHKHCCM)

## Methods of Donation:

**Credit Card**     VISA     MASTER     JCB { simply fax this form to 2339 0966 }

Credit Card no.    | | | | | | | | | | | | | | | | | | | | | |

Name of Card holder (in BLOCK letters) : \_\_\_\_\_

Signature : \_\_\_\_\_    Expiry date : \_\_\_\_ (MM) \_\_\_\_ (YY)

(\*If donated by credit card, the donated amount will be paid via bank monthly and donor is not required to complete this form again.)

• **By Cheque** (pls. make crossed cheque payable to "AHKHCCM")

• **By Bank Transfer** : Hong Kong Bank (143-5-014681)

(Pls. enclose the bank receipt together with this form and return by fax or by mail)

• **By Monthly Direct Debit** (The DDA form will be sent upon receiving this form)

\* Please write down the name of hospital if donation is made to chaplaincy office.

## Personal Information :

{All information will only be used for receipt & newsletter mailing and shall comply with the Personal Data (Privacy) Ordinance}

Name : \_\_\_\_\_ (Rev./Dr./Mr./Ms/Mrs.)

Address : \_\_\_\_\_

\_\_\_\_\_

Telephone : \_\_\_\_\_    E-mail : \_\_\_\_\_



**Association of Hong Kong Hospital Christian Chaplaincy Ministry**

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