

捐款表格
Donation Form

蔡永業腦神經科學中心磁力共振核心設施為研究人員提供科研平台，致力探索複雜的大腦結構，研究大腦功能及常見的腦部疾病。如您希望支持本核心設施，請填寫以下捐款表格，並傳真/電郵/郵寄給我們。您的捐款將會全數用作本核心設施的營運和科研推廣經費。

GCNC MRI Core Facility is committed to provide a platform for researchers to explore the complicated brain structure and discover the brain functions and common brain diseases. 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 GCNC MRI Core Facility.

A. 捐款金額 Donation Amount

本人願意 I would like to make

<input type="checkbox"/>	一次性 one-off	<input type="checkbox"/>	HK\$500
<input type="checkbox"/>	每月 monthly	<input type="checkbox"/>	HK\$1,000
<input type="checkbox"/>	每半月 semi-annual	<input type="checkbox"/>	HK\$5,000
<input type="checkbox"/>	每年 annual	<input type="checkbox"/>	HK\$10,000
<input type="checkbox"/>	其他 others: _____	<input type="checkbox"/>	其他 others: _____

捐贈港幣 100 元或以上可憑正式收據申請扣減稅。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.

B. 捐款人/ 捐款機構資料 Donor Particulars

以個人名義捐款 Personal Donation

以機構名義捐贈 Organization Donation

機構名稱 Company Name _____

本人欲以「無名氏」身分捐贈。
I wish to remain anonymous for the donation.

聯絡方法 Contact

姓名 *(博士/先生/女士/太太) _____ (中文)
Name: *(Dr./Mr./Ms./Mrs.) _____ (Eng)
電郵 E-mail _____ 電話 Phone 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.

收據姓名 Name on Receipt 同上 Same as above
 其他 Others (Please specify): _____

本人不需要捐款退稅收據。Tax – deductible receipt is not required.

C. 捐贈方法 Donation Method

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. _____

信用卡 By credit card

恒生銀行 Hang Seng Bank

其他銀行 Other Bank

持咭人姓名 Cardholder's Name _____

信用卡號碼 Card Number _____ - _____ - _____

屆滿日期 Expiry Date _____ (月 Month) _____ (年 Year)

本人授權香港中文大學從以上信用卡戶口扣除以上捐贈金額，捐贈金額將以港幣折算。

I hereby authorize CUHK to debit the above donation amount from the above credit card in Hong Kong dollars.

持咭人簽署 Cardholder's Signature _____

蔡永業腦神經科學中心磁力共振核心設施希望為您提供最新籌募推廣及活動資訊。如欲了解收集及使用個人資料政策之詳情，歡迎瀏覽 www.cuhk.edu.hk/oia/pdpao。

The GCNC MRI Core Facility would like to contact donors for direct marketing purposes relating to solicitation of donations and/or promotion of activities. For more details on our personal data policy, please visit our website at www.cuhk.edu.hk/oia/pdpao.

本人同意蔡永業腦神經科學中心磁力共振核心設施使用本人的個人資料向本人進行籌募推廣或活動宣傳。

I Agree to be contacted by the GCNC MRI Core Facility for direct marketing purpose relating to solicitation of donations and/or promotion of activities of the Core Facility.

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I Disagree to be contacted by the GCNC MRI Core Facility for direct marketing purpose relating to solicitation of donations and/or promotion of activities of the Core Facility.

簽署 Signature _____

日期 Date _____

D. 交回填妥表格 Submit Completed Donation Form

蔡永業腦神經科學中心磁力共振核心設施
Gerald Choa Neuroscience Centre MRI Core Facility

郵寄地址：香港新界沙田威爾斯親王醫院包玉剛爵士癌症中心地庫一層
Mailing Address: MRI Suite, LG/F, Sir Yue Kong Pao Centre for Cancer
Prince of Wales Hospital, Shatin, New Territories

電郵 Email: cumri@cuhk.edu.hk

電話 Tel: (+852) 2674 7866

傳真 Fax: (+852) 2637 3852