



**CHILDREN'S THALASSAEMIA FOUNDATION**  
**地中海貧血兒童基金**

**捐款統計表**

**Donation Summary Form**



**8 May 2009**

**國際地貧日**

**International Thalassaemia Day**

暨 in conjunction with

**基因寶褲日**

**Jeans For Genes Day**

請用正楷填寫 Please write in BLOCK LETTERS

機構名稱 Name of Organisation: \_\_\_\_\_

地址 Address: \_\_\_\_\_

聯絡人 Contact Person: \_\_\_\_\_

電話 Telephone: \_\_\_\_\_ 傳真機 Fax: \_\_\_\_\_

**捐款資料 Donation Information**

實際參加人數 Number of Participants		機構僱員/會員/學生總人數共 Total Number of Employees/Members/Students	
善款總額 Total Amount of Donation HK\$		附上捐款記錄表格頁數共 No. of Donation Record Form(s) Attached	

捐款方法 Payment Method 請於適當方格內加上✓號 Please ✓ the appropriate box.

現附上 \_\_\_\_\_ 張支票，捐款額合共港幣 \_\_\_\_\_ 元。  
Attached please find \_\_\_\_\_ cheque(s) with total donation of HK\$ \_\_\_\_\_

現附上 \_\_\_\_\_ 張銀行存款收據，捐款額合共港幣 \_\_\_\_\_ 元。  
Attached are \_\_\_\_\_ bank pay-in-slip(s) with total donation of HK\$ \_\_\_\_\_

**備註 Remarks**

- 捐款可用劃線支票，抬頭「地中海貧血兒童基金」或直接存入香港匯豐銀行，戶口號碼：511-024341-002。  
Donation can be paid by crossed cheque payable to "Children's Thalassaemia Foundation" OR deposit direct to HSBC account, No. 511-024341-002.
- 信封面請註明「基因寶褲日」。請勿郵寄現金。  
Please mark "Jeans For Genes Day" on the envelope. PLEASE DO NOT SEND IN CASH.
- 地中海貧血兒童基金地址：香港薄扶林道102號瑪麗醫院護士宿舍B1座201-203室  
Address: Room 201-203, Nurses' Quarters Block B1, Queen Mary Hospital, 102 Pokfulam Road, HK  
電話 Telephone : 2523 5400 傳真機 Fax : 2818 0636

負責人簽署 Signature \_\_\_\_\_

日期 Date \_\_\_\_\_



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Page: \_\_\_\_\_

次序 No	捐款者/贊助者姓名 Name of Donor / Sponsor	參加者姓名 Name of Participant	捐款/贊助金額 Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

善款總數

Total:

註Note:

1. 捐款滿一百元或以上之捐款人，可獲發正式收據。正式收據會郵寄至 貴機構，請代為分派。  
Official receipts will be issued to donors / sponsors who contribute HK\$100 or above, and will be mailed to your office for distribution.
2. 如表格不足，可自行影印。  
If extra forms are required, please feel free to make photocopies.