



香港中文大學崇基學院
Chung Chi College, The Chinese University of Hong Kong
捐款表格 Donation Form



聯絡資料 Contact Information

- 以個人名義捐款 Personal Donation
 以公司/團體名義捐款 Corporate Donation (公司/團體名稱 Company/ Organization Name: _____)

捐款人/聯絡人資料 Donor/ Contact Person Particulars:

稱謂 Title: 博士 Dr. 先生 Mr. 女士 Ms. 小姐 Miss 教授 Prof. 其他 (請註明:) Others (Please specify :) _____
姓名 Name: (中文) _____ (English) _____
聯絡電話 Phone No.: _____ 傳真 Fax No.: _____
聯絡電郵 Email: _____
郵寄地址 Mailing Address: _____
收據抬頭 Name on Receipt (如與捐款者不同 if different from donor's name): _____

- 以匿名者身份捐款 The donor wishes to be reported as anonymous.

中文大學校友適用 For The Chinese University of Hong Kong Alumni Only

書院 College: _____ 畢業年份 Graduation Year: _____ 主修 Major: _____

捐款詳情 Donation Details

捐款次數 I would like to make a/an

- 一次性 One-off 每月 Monthly 每年 Annual 其他 (請註明:) Others (Please specify :) _____

捐款金額 donation of

- HK\$500 HK\$1,000 HK\$5,000 其他 (請註明:) Others (Please specify :) HK\$ _____

捐款用途 to support (請只選擇一項。 Please select one only.)

- 教職員宿舍D座及G座重建項目 Redevelopment Project of Staff Quarters Block D & G 校園發展基金 Campus Development Fund
 學生發展基金 (包括學生活動及獎助學金) Student Development Fund (including student programmes and activities, scholarships and bursaries)
 其他 (請註明:) Others (Please specify :) _____

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.

捐款方法 Donation Method

以劃線支票捐款 By crossed cheque

支票號碼 Cheque No. _____ (支票抬頭請註明「崇基學院」 Payable to "Chung Chi College")

*請將劃線支票連同此捐款表格寄回至以下地址:

香港新界沙田香港中文大學崇基學院行政樓2樓 (院務主任收)

Please send a crossed cheque with this donation form to College Secretary at the following address:
2/F Chung Chi College Administration Building, Chung Chi College, The Chinese University of Hong Kong, Shatin, New Territories, HKSAR

以信用卡捐款 By Credit Card (Visa/ MasterCard)

信用卡號碼 Card Number: _____ - _____ - _____ - _____ 有效期至 Expiry Date: _____ (月MM/年YY)

持卡人姓名 Cardholder's Name: _____ 持卡人簽名 Signature: _____

本人授權香港中文大學崇基學院從以上信用卡戶口扣除上列捐款金額。

I hereby authorize Chung Chi College to debit the above donation amount from the above credit card.

*如使用信用卡捐款，請將捐款表格傳真至 (852) 2603 5440 或郵寄至上述院務室地址。

For credit card donation, please fax this form to (852) 2603 5440 or mail it to our office.

收集個人資料聲明

在未得到你的同意下，我們絕不會向外披露任何個人資料。你有權要求查閱及修正我們所持有關於你的個人資料，如你希望查閱或修正我們所持有關於你的資料，請電郵至 collegesecretaryccc@cuhk.edu.hk。

Personal Information Collection Statements

The information collected in this form will be used for the purposes of donation and other related activities. No personal data shall be disclosed to other organizations or individuals without your prior consent. You have the right to request access to and correction of information about you held by us. If you wish to access or correct your personal data held by us, please e-mail collegesecretaryccc@cuhk.edu.hk.

本人不同意崇基學院使用本人的個人資料向本人進行籌募推廣或活動宣傳。I do not wish to be contacted by Chung Chi College for direct marketing purposes relating to solicitation of donations and/ or promotion of activities of the College.

簽署 Signature: _____ 日期 Date: _____