

請支持我們的認知障礙症支援服務 Make Donation to Support HKADA



香港認知障礙症協會
Hong Kong Alzheimer's Disease Association

現時全球每 3 秒便有 1 人患上有認知障礙症，而本港每 3 名 85 歲或以上長者便有 1 名患者，隨著人口老化，服務需求將持續增加。我們沒有政府資助，以自負盈虧、非牟利形式營運，並一直堅持提供專業專門的優質服務。不同經濟能力的患者也有使用服務的需要，我們致力維持收費額於患者家庭可支付的水平。能維持現有服務質素及開展創新項目，實有賴大眾的捐助。

1 case in every 3 seconds is diagnosed with Alzheimer's Disease worldwide, and 1 in every 3 local seniors over 85 years of age living with the disease. Demand of services for people living with dementia and their families will increase as population ages. Being a **self-financed agency without regular government subvention**, we strived hard for donation to support our services. We keep our service fee charged at an affordable level of our service users and their families. Your generous donation will allow us to provide specialized, professional and innovative dementia care service to the families affected by dementia.

填寫以下資料前，請細閱本會之「個人資料收集聲明」(已上載到<https://www.hkada.org.hk/privacy-policy>)。

你可按個人意願提供或拒絕提供你的個人資料。如有任何疑問，歡迎與本會職員聯絡。

Please read the Personal Data Privacy Policy of Hong Kong Alzheimer's Disease Association (uploaded to <https://www.hkada.org.hk/privacy-policy>) carefully BEFORE you complete the form. You have the right to provide or refuse to provide your personal information. For enquiry, please feel free to contact us.

本人樂意捐款支持 I would like to donate

HK\$1,000 HK\$500 HK\$300 HK\$100 其他 Other HK\$ _____

捐款方法 Donation Methods

支票 By Cheque

抬頭：「香港認知障礙症協會」/ Cheque payable to "Hong Kong Alzheimer's Disease Association".

直接存入 Direct Transfer to HKADA Bank Account

滙豐銀行 HSBC #484-254834-001

如需捐款收據，請將網上轉帳截圖/銀行入帳存根正本一併郵寄回本會。

Please send us the copy of online confirmation/ **original copy of the bank pay-in slip** if official donation receipt is needed.

信用卡 By Credit Card

單次捐款 One-off Donation / 每月捐款 Monthly Donation | Visa / Master

持卡人姓名

Card Holder's Name: _____

信用卡號碼

Card Number: _____

有效日期

Card Expiry Date: (月MM) _____ / (年YY) _____

持卡人簽署

Card Holder's Signature: _____

捐款者資料 Donor information

先生 Mr 女士 Ms 公司 Corporation 團體 Organization

中文姓名 Chinese Name: _____

英文姓名 English Name: _____

聯絡電話 Contact Tel: _____

電郵 Email: _____

郵寄地址 Address: _____

如收據抬頭非捐款人，請列明 If the recipient's name differs from the donor, please specify _____

為節省行政支出，本人不需收據。To save administration cost, please do not send me the receipt.

請把支票或銀行入帳存根正本寄回「香港認知障礙症協會 簡便回郵58號(KBY) 籌款部」(無需貼郵票) 以便開發捐款收據作減稅用途。信用卡捐款亦可傳真至2338 0772或電郵至pfr@hkada.org.hk (稅務局檔案編號: 91/4488)。

Please send the cheque or the bank pay-in slip (original copy) with this form to "Fundraising Department, Hong Kong Alzheimer's Disease Association, Freepost 58 (KBY)" (no stamp required) for donation receipt (tax deductible). For credit card donation, the form can be returned by fax at 2338 0772 or email to pfr@hkada.org.hk. (Inland Revenue file No. 91/4488)

收集個人資料聲明 Personal Data Collection Statement

本人於提供上述資料予香港認知障礙症協會(下稱協會)前，已細閱該會的「個人資料收集聲明」，明白並同意相關內容。另外，協會就本人提供上述資料日後將有可能作下列用途，本人的意願如下：(請別選適合空格) I hereby confirm that I have read, understood and agreed the Personal Data Privacy Policy of Hong Kong Alzheimer's Disease Association (HKADA) before I providing the above information. In addition, HKADA may use the provided information for the below purposes. (Please tick the appropriate boxes.)

同意/ 不同意 協會使用我的個人資料作發送該會服務及教育資訊之用。
Agree / Object HKADA to use my personal data in sending HKADA's service and educational information.

簽名 Signature : _____

同意/ 不同意 協會使用我的個人資料作籌款推廣之用。
Agree / Object HKADA to use my personal data in sending fundraising related information

姓名 Name : _____

就上述意願有任何更新，請隨時致電 2338 1120 或電郵至 headoffice@hkada.org.hk 與職員聯絡。

You may contact us at 2338 1120 or email to headoffice@hkada.org.hk for enquiry and updating of your personal data.

日期 Date : _____

本會填寫 Office use: Receipt

捐款查詢 Donation Enquiry : (電話 Tel) 2338 1120

(電郵 Email) pfr@hkada.org.hk