



浸信會呂明才中學

Baptist Lui Ming Choi Secondary School

捐款表格 Donation Form

明道致知

捐款人資料 Donor Particulars

姓名 (先生/太太/女士) _____ (中文)

Name (Mr./Mrs./Ms.) _____ (English)

機構/職位 Company/Title _____

聯絡地址 Corresponding Address _____

住宅電話 Home Tel _____

辦事處電話 Office Tel _____

手提電話 Mobile _____

電郵 Email _____

與學校關係 Affiliation with BLMCSS

- 現任家長 Current Parent
- 學生姓名 Student Name _____
- 班別 Class _____ ()
- 校友 Alumnus
- 級社 Form Association _____
- 其他(請註明) _____
- Others (Please specify) _____

收據抬頭 (如非用上列名字) Name on Receipt (if different from the above) _____ (English)

本人欲以「無名氏」之名義顯示於捐款人名單。 I wish to remain anonymous in donor listings, if any.

收集個人資料聲明 Personal Information Collection Statement (請在方格加上'✓'以表示同意 Please '✓' if you agree)

本人同意及提供本表格內之資料作浸信會呂明才中學籌款及其他相關活動用途。倘未得本人同意，學校絕不會向外披露任何個人資料。本人亦有權要求查閱、改正及刪除有關的個人資料。(如欲行使這項權利，請與本校聯絡。) The information collected in this form will be used for the purposes of donation and other related activities in the school. No personal data shall be disclosed to other organizations or individuals without my prior consent. I have the right to request access to, deletion and correction of information about myself held by the school. (Please contact us for any such request.)

捐贈金額 Donation Amount

- 本人願意**每月定期捐款** I would like to make a **monthly donation** of
- HK\$100 HK\$200 HK\$500 Other amount 其他金額 HK\$ _____
- 本人願意作**一次性捐款** I would like to make a **one-off donation** of
- HK\$1,000 HK\$2,000 HK\$5,000 Other amount 其他金額 HK\$ _____

予浸信會呂明才中學，作下列用途 for Baptist Lui Ming Choi Secondary School toward its

- 校園建設及維修 Buildings and Maintenance 學生活動 Student Activities
- 資訊科技發展 IT Development 教育援助 Financial Aids for students
- 學生獎學金 Scholarships and Awards 教學發展 Academic Development
- 魏凌霜老師教育基金 Ms. Shirley Ngai Education Fund 其他 Others _____

捐贈港幣一百元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。 Donations of HK\$100 or above are tax-deductible in Hong Kong. Official receipt will be sent to your mailing address in due course.

捐贈方法 Donation Methods

- 劃線支票 by crossed cheque (抬頭請註明「浸信會呂明才中學法團校董會」 Payable to 'The Incorporated Management Committee of Baptist Lui Ming Choi Secondary School')
- 支票號碼 Cheque number _____ 銀行名稱 Bank _____
- 信用卡 by credit card
- Visa Card Master Card
- 持卡人姓名 Cardholder's Name _____
- 信用卡號碼 Card Number _____ - _____ - _____ - _____
- 屆滿日期 Expiry Date _____ (月 Month) _____ (年 Year)
- 持咭人簽名 Cardholder's Signature _____

如有任何查詢，歡迎聯絡我們。 For enquiries, please contact us:

電話 Phone No. : 26922161

傳真 Fax No. : 26915406

電郵 Email: info@blmcss.edu.hk

地址 Address : 香港新界沙田源禾路十一號 浸信會呂明才中學
Baptist Lui Ming Choi Secondary School
11 Yuen Wo Road, Shatin, NT, Hong Kong