



香港弱能兒童護助會

The Society for the Relief of Disabled Children

一年一度的大口環根德公爵夫人兒童醫院賣物會又到啦！這項活動多年來一直深受各屆人士支持。入場人士除了可以盡情購物外，更可參加攤位遊戲，現場亦有各款美食提供。今年加設才藝表演區，你可以在會場特設的表演區，發揮你的才藝，將你的才藝化成善款，為弱能兒童出一點力。有興趣參與的個人表演者或團體組合，請填上背面的贊助表格交回本會，本會將會為閣下安排演出時段。所有收益將撥作慈善用途，幫助香港弱能兒童。賣物會詳情如下：

The Annual **Sandy Bay Charity Fair at DKCH** is coming soon! Our Fair is much publicized and well attended by the public. Loads of bargains, yummy food, lots of fun and laughter. All net proceeds will be donated to help the needy children in Hong Kong. This year, we welcome all performers to show their talents at our fair. For those individual / personal or group performance team who are interested please fill in the sponsorship form at the back. Details are as follows:

日期及時間 : 03 / 11 / 2018 (星期六 Saturday), 10:00 – 17:00
Date & Time

地址 : 大口環根德公爵夫人兒童醫院
Venue : 香港薄扶林大口環道十二號
The Duchess of Kent Children's Hospital at Sandy Bay
12 Sandy Bay Road, Pokfulam, Hong Kong

攤位數量 : 90 至 100 個
No. of Booths 90 – 100

參觀人數 : 大約 2,000
No. of Customers Estimated 2,000

備註 : 每張贊助表格，表演者善款下限為港幣\$200.00
Remark 特設金、銀、銅獎狀
- 團體最高籌款額
- 個人最高籌款額
Sponsorship minimum donation HK\$200.00 per performer
Offer Gold, Silver, Bronze Certificate
- Top Group Fundraising
- Top Individual Fundraising





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第三十七屆大口環根德公爵夫人兒童醫院才藝表演贊助表

The 37th Sandy Bay Charity Fair at DKCH Talent Show Sponsor's Form

(請於 19/10/2018 前交回 Return on or before 19/10/2018)

參加者姓名 _____ (先生/女士/太太)
 Name of participant _____ (Mr/Ms/Mrs)
 機構名稱 _____
 Organisation Name _____
 聯絡地址 _____
 Correspondence Address _____
 聯絡電話 _____ 電郵地址 _____
 Contact No. _____ E-mail address _____

*Please Complete in Block Letters 請以正楷填寫

贊助者姓名 (收據抬頭) Sponsors Name (Name on Receipt)	善款金額 (港幣) Donation (HK\$)	需要收據 <input type="checkbox"/> <input checked="" type="checkbox"/> If receipt required	贊助者姓名 (收據抬頭) Sponsors Name (Name on Receipt)	善款金額 (港幣) Donation (HK\$)	需要收據 <input type="checkbox"/> <input checked="" type="checkbox"/> If receipt required
01		<input type="checkbox"/>	11		<input type="checkbox"/>
02		<input type="checkbox"/>	12		<input type="checkbox"/>
03		<input type="checkbox"/>	13		<input type="checkbox"/>
04		<input type="checkbox"/>	14		<input type="checkbox"/>
05		<input type="checkbox"/>	15		<input type="checkbox"/>
06		<input type="checkbox"/>	16		<input type="checkbox"/>
07		<input type="checkbox"/>	17		<input type="checkbox"/>
08		<input type="checkbox"/>	18		<input type="checkbox"/>
09		<input type="checkbox"/>	19		<input type="checkbox"/>
10		<input type="checkbox"/>	20		<input type="checkbox"/>

總數 Grand total : _____ HK\$

遞交捐款方法 Payment Method

- 支票** 【支票抬頭請寫「香港弱能兒童護助會」】
Cheque (Please make payable to, "The Society for the Relief of Disabled Children")
- 直接過戶** 【匯豐銀行 004-002-244416-002 / 恆生銀行 383 - 686516 - 001, 請附上入數紙紀錄正本】
Direct transfer (HSBC 004-002-244416-002 / Hang Seng Bank 383 - 686516 - 001, please enclose the original of the bank-in-slip)
- 繳費靈** 【本會請戶編號 9270。請鍵入賬單編號(「閣下 8 位數值的電話號碼」)】
PPS [Our Merchant Code is 9270. Please state the bill number (which is 8-digit telephone number)]

請將支票、銀行入數紙紀錄正本或繳費靈所輸入的電話號碼連同贊助表格交回/寄回「香港薄扶林大口環道 12 號香港弱能兒童護助會收。」
 捐款港幣 100 元或以上可憑收據申請免稅。捐款收據將在三個月內轉發給參加者。

Please complete the sponsor's form and send it together with a crossed cheque, bank-in-slip or PPS transaction record to "The Society for the Relief of Disabled Children", 12 Sandy Bay Road, Pokfulam, Hong Kong.

Donations of HK\$100 or above are tax deductible in Hong Kong. Donation receipts will be sent to participants within three months upon request.

授權使用個人資料作推廣事宜

Authorization for the Use of Personal Data for Direct Marketing

請在適當的方格內加上 號以代表你的意願。

Please tick the appropriate box to indicate your preference.

- 本人同意香港弱能兒童護助會使用我的資料，透過以下不同通訊渠道通知本人貴會的各项籌款活動、定期通訊、義工服務及意見收集。
 I agree that The Society for the Relief of Disabled Children (SRDC) can use my personal data to keep me posted of the SRDC fund-raising events, newsletters, volunteer services and surveys to collect donor opinions through various communication channels.
- 個人資料包括：姓名、電話號碼、傳真號碼、電郵地址及通訊地址。
My personal data include my name, telephone number, fax number, email and mailing address.
 - 使用的通訊渠道包括：郵遞、電郵、圖文傳真、電話及電話短訊等。
Communication channels include direct mail, email, facsimile, telephone and sms.
- I do not agree the SRDC to use my personal data for the above purposes.
 本人不同意香港弱能兒童護助會使用本人的個人資料作上述用途。

簽署 Signature : _____ 日期 Date : _____

倘若日後閣下不想收到本會的宣傳推廣或最新消息，請以郵寄或電郵方式來信通知本會，本會將會停止使用閣下資料。如想多些了解我們，歡迎瀏覽我們的網頁 www.srdc.org.hk。謝謝!

If you do not wish to receive any promotional and marketing materials or updates from the SRDC in future, upon receipt of your written request, either by post or by email, the SRDC will cease to use your personal data for the above purposes. If you would like to know more about us, you are welcome to visit www.srdc.org.hk. Thank you!

聯絡地址:香港薄扶林大口環道十二號

Correspondence address: 12 Sandy Bay Road, Pokfulam, Hong Kong

電話: 2819 3050 / 6842 5612

Tel No.: 2819 3050 / 6842 5612