

請捐款支持我們！ Every single dollar counts!

捐款種類 Donation Type

本人願意支持兒童糖尿協會

I would like to make a donation in support of Youth Diabetes Action (YDA):

- 每月港幣200，可資助1名糖尿病兒童購買1個月的採血針費用
Monthly HK\$200 – help a child with diabetes for a month's worth of blood test lancets
- 每月港幣300，可資助1名糖尿病兒童購買1個月的採血針及針頭費用
Monthly HK\$300 – help a child with diabetes for a month's worth of lancets and insulin pen needles
- 每月港幣600，可資助1名糖尿病兒童購買1個月的血糖試紙費用
Monthly HK\$600 - help a child for one month of blood glucose test strips
- 港幣10,000 (助養兒童計劃)，可資助1名糖尿病兒童購買1年的醫療消耗品費用，以改善其家庭生活
HK\$10,000 (Sponsor a Child) - sponsor the life of a child with diabetes and purchase diabetes medical supplies for one year
- 其他金額 Other amount HK\$ _____

捐款方法 Donation Method

- 劃線支票 **By Cheque**
劃線支票，抬頭請寫「兒童糖尿協會」 By crossed cheque made payable to "Youth Diabetes Action"
支票號碼 Cheque no.: _____
請把支票郵寄至：九龍土瓜灣土瓜灣道94號美華工業中心B座9樓B17室
Please send the cheque to: B17, 9/F, Block B, Merit Industrial Centre, 94 To Kwa Wan Road, To Kwa Wan, Kowloon
- 信用卡 **By Credit Card** VISA MasterCard Amex
- 信用卡號碼 Credit Card No.:
- 發卡銀行 Issuing Bank: _____ 有效日期 Expiry Date: 月 MM 年 YY
- 持卡人姓名 Cardholder's Name: _____ 持卡人簽署 Cardholder's Signature: _____
- 本人授權兒童糖尿協會於本人之信用卡賬戶內一次過 / 每月 / 每年定期扣除上述之金額。若以信用卡每月 / 每年捐款，有關授權在信用卡有效期內繼續生效，直至另行通知為止。我可以在任何時候以書面形式通知兒童糖尿協會取消有關捐款。
I hereby authorize YDA to charge the above specified amount once / monthly / yearly from my credit card account. The authorisation of monthly / yearly donation will continue in effect from the above valid date until further notice. I may cancel my regular donation at any time in writing to the YDA office.

捐款者資料 Donor's Information

捐款港幣100或以上可憑捐款收據申請扣稅。

Donations of HK\$100 or above are tax deductible with a donation receipt.

收據抬頭 (如與捐款者不同) Recipient name (if different from the above). _____

姓名 Name: _____

地址 Address: _____

電郵 E-mail: _____ 聯絡電話 Contact No.: _____