S.U.C.C.E.S.S. Multi-Level Care Society
中 僑 護 理 服 務 協 會

To Whom It May Concern (此致)

Date (日期): _____

I (本人**),** Mr./Mrs/Ms. (先生/太太/小姐)

_____**of**_____

Full Name (姓名**)** **Full Address** (地址)

Donate the sum of (捐贈欵項**)** _____

to (與**):**

Simon K. Y. Lee Seniors Care Home 中僑李國賢護理安老院		☐
Chieng's Adult Day Centre	錢梁秀容日間護理中心	☐
Harmony House	樂群苑(輔助生活房屋)	☐
Austin Harris Residence	烈治文(輔助生活房屋)	☐

Hereby designate the fund to be used for the benefit of the Society at the discretion of the Executive Director, Health Services.
此批欵項由健康服務行政總監全權負責為協會之福利而使用.

Payment method 付欵方法**:** ☐ **Cash** 現金 ☐ **Cheque** 支票
☐ **Credit Card** 信用咭**: Visa/Master Card**

Card No. (信用咭号): ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
Expiry Date (有效日期**):** ☐☐**/**☐☐

Signature (簽名): _____

Tax Receipt: Yes/No * **A tax receipt will be sent to the above address (**報税收據將直接寄往上址)

***Plaque (**命名紀念**) (donation over $2000** 捐欵以上**):** ☐ **Yes (**要**)** ☐ **No (**不要**)**
Name to be inscribed or honoured (請以以下名字作刻名或命名紀念**)**

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