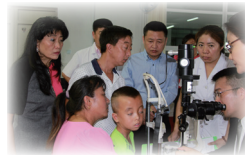
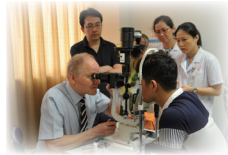


善學慈善基金 Sheen Hok Charitable Foundation



誠邀加入

Friend of Sheen Hok Application Form 善學之友申請表

Your Name (as shown on receipt)
捐款人姓名 (收據上的名稱/姓名):

Company Name 公司名稱:

Gender 性別: _____ Telephone 聯絡電話: _____ Email Address 電郵地址: _____

Correspondence Address 通訊地址: _____

I am interested in the following volunteering areas 我希望能參加基金會下列的工作:

- Event Organising Committee Member 加入善學活動籌委會
- Fundraising 募款
- Attending Charity Events 出席慈善活動
- Others 其他 _____
- Attending Medical Missions 出席慈善醫療救助活動

I would like to become a Friend of Sheen Hok, and I understand that my donation of HK\$3,800 per year will benefit a child with Amblyopia in China.

我希望加入善學團隊，每年的3800港幣的會員費將用於贊助一位來自國內貧困家庭的患有弱視的兒童提供免費治療。

Any contribution supporting our good causes is welcome. Please make your donations to the account below, and tell us the name you would like to put on the receipt for your generous act: _____

有您的支持及參與，我們才能走得更前，做得更多！捐款多多益善，可將你的捐款匯至以下帳號，並告知收據上所需寫明的捐款人名字：_____

By Bank Deposit 銀行轉帳

Bank Name 銀行名稱: **HANG SENG BANK 恒生銀行 (總行)**

Account Name 賬戶名稱: **Sheen Hok Charitable Foundation
善學慈善基金**

Account 賬戶號碼: **388-749939-003**

Swift Code: **HASEHKHH**

Please fill in this application form and email it with your bank deposit receipt to info@sheenhokcharity.org
如需收據，請在銀行入數紙上註明捐款者姓名、地址及聯絡電話，並把資料電郵至 info@sheenhokcharity.org

By Cheque 支票捐款

Cheque payable to: **"Sheen Hok Charitable Foundation"**
劃線支票，抬頭為「善學慈善基金」

Please fill in this application form and mail it with your cheque or receipt (for bank deposit) to the above address.

請填妥表格並連同捐款支票或收據(銀行轉帳形式)寄往本會，支票抬頭請寫「善學慈善基金」地址：香港中環皇后大道中9號10樓