



**Yes.** I would like to build an inclusive society together by making a donation to  
New Life Psychiatric Rehabilitation Association.

我願意捐款支持新生精神康復會，攜手共建共融社會。

**Donation Amount**  
捐款金額

HK\$300     HK\$500     HK\$1,000     HK\$ \_\_\_\_\_



**Cheque**  
支票

Crossed cheque please make payable to  
"New Life Psychiatric Rehabilitation Association".  
劃線支票抬頭：「新生精神康復會」



**Cash**  
現金

Deposit into our HSBC account and fax the bank-in-slip to us.  
直接存入本會滙豐銀行戶口，並將存根傳真回本會。

Account No. 戶口號碼：018-103598-001



**Credit Card**  
信用卡

One-off Donation 一次性捐款     Monthly Donation 每月捐款  
 VISA     MASTER

Card Holder's Name 持卡人姓名：\_\_\_\_\_

Card No. 信用卡號碼：\_\_\_\_\_

Expiry Date 信用卡有效日期：\_\_\_\_\_ (Y年) \_\_\_\_\_ (M月)

Card Holder's Signature 信用卡上之有效簽署：\_\_\_\_\_

For monthly donors 每月捐款：

I hereby authorize New Life Psychiatric Rehabilitation Association to charge my credit card account for the amount specified in a regular manner as agreed upon by me and New Life Psychiatric Rehabilitation Association until further notice. I agree the validity of this agreement will continue before or after the expiry date of my credit card account. 本人現授權新生精神康復會由本人之信用卡賬戶內定期扣除上述款項，直至本人另行通知為止。本人同意此授權書於本人之信用卡有效期後及續發新卡時繼續生效，並毋須另行填寫授權書。

**Donor Information 捐款人資料**

Name 姓名：\_\_\_\_\_

Address 地址：\_\_\_\_\_

Tel. 電話：\_\_\_\_\_

Email 電郵：\_\_\_\_\_



Donation of HK\$100 or above is tax deductible with receipt.  
捐款港幣100元以上，可憑收據申請扣稅。

Please return the donation form by mail or fax 2770-9345  
請將捐款回條寄回本會或傳真至 2770-9345