

是！我願意捐獻善款以支持「無私的愛」百家被籌款計劃。 Yes! I would like to donate to the "Unconditional Love" Quilt Campaign.

I have selected the following "Dedication Unit TYPE": TYPE A類 TYPE B類 TYPE C類 TYPE D類 TYPE E類 TYPE F類 TYPE G類
我所選擇的「善款單位類別」為：
 \$100,000 \$20,000 \$10,000 \$5,000 \$3,000 \$1,000 \$500 \$300 \$200

I would like to dedicate a Unit to my: Mother / 母親 Grandmother / 祖母 Sister / 姐妹 Daughter / 女兒 Wife / 妻子 _____
我將此「無私的愛」百家被單位獻給我的：
Given Name / 名 _____ Family Name / 姓 _____

Preference / 單位選擇：
Row # Unit #
行數號碼 _____ 單位號碼 _____
OR/或 Company Name / 機構名字 _____
 Honouree's Address / 受表揚者地址 _____

Name to be recognized in / 欲繡上的名字為： _____ Postal Code / 郵區號碼 _____

Chinese 中文 OR/或 English 英文
Each Person's, Family or Company Name will appear on the "Unconditional Love" Quilt as noted above.
每一個繡於「無私的愛」百家被上的個人或機構名字將以上述資料為準。

I would prefer to make my payment: as a one-time donation of / 一次過付款 \$ _____
我選擇：
 as a monthly pledge of / 每月付款 \$ _____ for 1 year / 一年 for 2 years / 兩年
Commencing Date / 開始付款日期 _____

Methods of Payment: Please find my cheque payable to Yee Hong Foundation – Quilt Campaign
付款方法：
附上抬頭為 Yee Hong Foundation – Quilt Campaign 之支票一張
 I would like to pay over two years, through the Yee Hong "Unconditional Love" Quilt Campaign
Pre-authorized Payment Program / 選用頤康「無私的愛」百家被籌款計劃預先授權付款計劃，分兩年付款
Name of Bank / 銀行名稱 _____
Address of Bank / 銀行地址 _____
Chequing Account No. / 支票戶口號碼 _____

Please send acknowledgement card to / 請將答謝咭寄予：
 Honouree 受表揚者 OR/或 Donor 捐款者
Please charge my / 請從我的 VISA MasterCard 中扣除款項 Expiry Date / 有效期至 _____
Credit Card No. / 信用卡號碼 _____
Donor's Signature / 捐款者簽署 X _____

I hereby authorize Yee Hong Community Wellness Foundation to make automatic monthly withdrawals from my bank account or credit card, as indicated. I understand that I may cancel this authorization, at any time, by notifying the Foundation in writing. And I have enclosed a blank cheque marked "VOID" with my banking information.

本人在此授權頤康基金會每月於本人上述之銀行戶口或信用卡中自動扣除款項。本人明白本人有權在書面通知頤康基金會的情況下，隨時取消此項授權。本人並附上寫有 VOID 字眼的支票及本人之銀行資料。

PLEASE FAX THE COMPLETED FORM TO CAMPAIGN OFFICE at 416-321-0778. E-mail: yeehongquilt@rogers.com
請將填妥之表格傳真至籌款辦公室 416-321-0778。 電郵: yeehongquilt@rogers.com



**Yee Hong Centre
For Geriatric Care**

頤康中心

Yee Hong Community Wellness Foundation is a registered charitable organization No. / 頤康慈善註冊號碼: #13143 3666 RR001

Donor Information / 捐款者資料：

Please print in English for tax receipt purpose.
如欲索取報稅收條，請以英文填寫

tax receipt issued in Donor's name / 印有捐款者名字的退稅支票

Mr. / 先生 Mrs. / 太太 Ms. / 女士

Given Name 名 _____

Family Name 姓 _____

Address 地址 _____

City 城市 _____ Province 省份 _____

Postal Code 郵區號碼 _____

Tel. (Home) 電話 (住宅) _____ Tel. (Office) 電話 (辦公室) _____

Fax 傳真號碼 _____ E-Mail 電郵 _____

Canvasser's Information / 推介者資料：

Name 姓名 _____ Tel. 電話 _____

Address 地址 _____

Postal Code 郵區號碼 _____