60 Scottfield Drive Scarborough, Ontario M1S 5T7 Tel: 416.321.0777

Fax: 416.321.0778

Email: foundation@yeehong.com Website: www.yeehong.com

Yee Hong Donation Form 頤康捐款表格

YES! I know that giving our seniors dignified, compassionate and loving care requires financial support. 我知道為長者提供充滿關懷、愛護與尊嚴的護理服務,需要財政上的支持。

Here is my commitment to Yee Hong Centre for Geriatric Care 我願意為頤康中心作出承諾:	
□ Monthly donation 每月認捐:□\$100 □\$50 □\$30 □Other 其他 \$	
Donation Commencing Date 認捐開始日期:	
□ Yearly donation 每年認捐: □\$1,000 □\$500 □\$300 □Other 其他 \$	
Donation Commencing Date 認捐開始日期:	
Pledge Duration 認捐時段: □ 1 year 一年 □ 2 years 二年 □ 3 years 三年	
□ One time donation 一次過捐款:□\$300 □\$100 □\$80 □\$50 □Otho	er 其他 \$
Donor Information 認捐善長資料	
□Mr. 先生 □Mrs. 太 太 □Ms. 女士 □Other 其他	
Name 姓名	
Address 地址	
City 城市 Province 省	
Postal Code 郵矽能研 Email 索乙郵幣	
Tal No 泰兰毕旺	
Payment Method 認捐方式	
□ Cash 現金 □ Please find enclosed my cheque payable to 附上支票,支票抗	治頭請寫 "Yee Hong Foundation"
□ Please charge my credit card 請用我的信用卡捐款:□Visa □MasterCard □American Express	
Cardholder's Name 持卡人姓名	
Credit Card No. 信用卡號碼	
Expiry Date 有效期至 CVC	
I would like to help keep costs down by choosing pre-authorized payments: 為替頤康節省開支,我希望用以下自動轉帳形式認捐:	
□ 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. 本人授權頤康基金會每月從名下之銀行或信用卡帳戶內提取認捐善款,本人亦可透過以書面通知而隨時終止此項自動轉帳認捐事宜。 □ I have enclosed a blank cheque marked "VOID" for pre-authorized payment banking information. 附上"VOID"支票一張以提供銀行自動轉帳戶□資料。	
Donor's Signature 認捐善長簽名 Date 日期	GDB

Tax receipts will be issued for donations of \$20 and more. 捐款二十元以上可獲退稅收據。

For pledge payments, an annual tax receipt will be issued by February of the following year. 退稅收據將於來年二月時寄出,以該年所捐實數為收據額。 Registered charitable organization No. 註册慈善機構號碼 13143 3666 RR0001

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電:416-321-0777 或瀏覽頤康中心網址:www.yeehong.com/privacy 查閱有關頤康保護私隱權的政策。

