



I / My organisation* confirm(s) to make the following donation to The Hang Seng University of Hong Kong (HSUHK) and my / its agreement to the donation amount, payment schedule, donation purpose, and form of acknowledgment, which are subject to acceptance by the HSUHK Board of Governors.

本人 / 機構* 樂意捐贈予香港恒生大學（恒大），並同意本表格中所列各項捐贈細節：包括捐款金額、捐贈時間表、捐贈用途及鳴謝方式。恒大校董會保留接受此項捐贈之權利。

(Please mark with “✓” where appropriate and delete whichever inapplicable marked with a “*”. 請在適當位置加上「✓」號；並刪去*不適用者。)

| | | | | | |
|--|--|--|---------------|---|--|
| Donor's Particulars 捐贈者資料 | | | | | |
| Type of Donor 捐贈者類別: | | <input type="checkbox"/> Individual 以個人名義捐贈 | | <input type="checkbox"/> Organisation 以機構名義捐贈 | |
| Title 稱謂: | | <input type="checkbox"/> Mr 先生 | | <input type="checkbox"/> Mrs 太太 | |
| | | <input type="checkbox"/> Ms 女士 | | <input type="checkbox"/> Miss 小姐 | |
| | | <input type="checkbox"/> Dr 博士 | | <input type="checkbox"/> Prof. 教授 | |
| | | <input type="checkbox"/> Others 其他: | | | |
| Chinese Name 中文姓名: | | English Name 英文姓名: | | | |
| Organisation Name 機構名稱 | | | / Position 職銜 | | |
| Chinese 中文: | | | / | | |
| English 英文: | | | / | | |
| Address 通訊地址: | | | | | |
| Tel.電話: | | Mobile 手提: | | Email 電郵: | |
| <input type="checkbox"/> Alumni 校友 | | <input type="checkbox"/> Staff 教職員 | | <input type="checkbox"/> Students 學生 | |
| Year of Graduation 畢業年份: _____ | | | | <input type="checkbox"/> Parents 家長 | |
| Programme Studied 修讀課程: _____ | | | | <input type="checkbox"/> Others 其他 | |
| | | | | Please specific 請註明: _____ | |
| Contact Person 聯絡人 (If applicable 如有) | | | | | |
| Name 姓名: | | Tel.電話: | | Email 電郵: | |
| Donation Amount (HK\$) 捐贈金額 (港幣) | | | | | |
| <input type="checkbox"/> HK\$8,000 Fung Yiu King Hall 馮堯敬堂 | | | | | |
| <input type="checkbox"/> HK\$5,000 Alice Lam Lecture Theatre 林李翹如演講廳 | | | | | |
| <input type="checkbox"/> HK\$5,000 M1003 Lecture Theatre M1003 室演講廳 | | | | | |
| Choose Seat Locations 選擇座位位置 | | | | | |
| Seat Number (1 st choice) 首選座號 | | Seat Number (2 nd choice) 次選座號 | | Seat Number (3 rd choice) 第三選擇座號 | |
| Commemorative Plaque 鳴謝牌匾 | | | | | |
| Choose one of the acknowledgement formats 選擇以下其中一種鳴謝格式 | | | | | |
| (For the plaque templates, please refer to the pamphlet of the Scheme. 有關牌匾規格，請參考計劃單張) | | | | | |
| <input type="checkbox"/> Individual 個人 | | | | | |
| <input type="checkbox"/> Organisation 機構 | | | | | |
| <input type="checkbox"/> Alumni 校友 | | | | | |
| <input type="checkbox"/> Couple 伉儷 | | | | | |
| <input type="checkbox"/> Family and Friends 家人及友好 | | | | | |
| Acknowledgement Name 鳴謝名字 (Maximum 2 names 最多兩個名字) | | Chinese 中文 | | English 英文 | |
| | | | | | |
| Payment Methods 捐贈方式 | | | | | |
| <input type="checkbox"/> Crossed cheque 劃線支票 (Payable to “The Hang Seng University of Hong Kong – Foundation” 支票抬頭:「香港恒生大學 – 基金」) | | Please send the crossed cheque with this completed form to Advancement and Alumni Affairs Office, Yuen Campus, The Hang Seng University of Hong Kong, Hang Shin Link, Siu Lek Yuen, Shatin, New Territories, Hong Kong 請填妥本表格連同劃線支票寄交 香港新界沙田小瀝源行善里香港恒生大學袁炳濤校園發展及校友事務處。 | | | |
| <input type="checkbox"/> Credit Card 信用卡 | | <input type="checkbox"/> Visa <input type="checkbox"/> Master Name of Card Holder 持卡人姓名: _____ Card Number 信用卡號碼: _____ - _____ - _____ Expiry Date 有效日期至 (Month 月 / Year 年): _____ / _____ Signature of Card Holder 持卡人簽名: _____ (If not the same as the undersigned 如與下方簽署不同) | | | |
| Remarks: The donor's name to be printed on the donation receipt should be the same as that of the payer. 備註：捐款收據抬頭將與此付款人姓名相同。 | | | | | |
| Form of Acknowledgement 鳴謝方式 | | | | | |
| Any individual / organisation that has made cumulative donations of HK\$20,000 or above to HSUHK will automatically become a Member of The Hang Seng University of Hong Kong – Foundation. 捐款累計總額達港幣兩萬元或以上者/機構即可成為香港恒生大學 – 基金會員。 | | | | | |
| <input type="checkbox"/> I / My Organisation* wish to remain anonymous in lists of donors and The Hang Seng University of Hong Kong – Foundation Members. 本人 / 機構* 欲以「無名氏」代稱列於捐款者及香港恒生大學 – 基金名錄。 | | | | | |
| Declaration in Relation to Application for Government's Matching Grant 有關申請政府配對補助金的聲明 | | | | | |
| <input checked="" type="checkbox"/> I / My organisation* acknowledge(s) and agree(s) that if eligible, HSUHK will apply for a grant that matches this donation from the University Grants Committee / Education Bureau. I / My organisation* have (has) no objection to the disclosure of the information regarding the donation to the University Grants Committee / Education Bureau, when necessary. 如捐贈符合「配對補助金」申請標準，本人 / 機構* 知悉並同意恒大就是項捐贈向大學教育資助委員會 / 教育局申請該補助，以及不反對恒大在需要時將有關資料提交予大學教育資助委員會 / 教育局。 | | | | | |
| <input type="checkbox"/> I DO NOT wish to receive HSUHK information and activity publicity. 本人不同意恒大使用上述資料向本人發佈恒大資訊及活動消息。 | | | | | |
| For further details about HSUHK's personal data policy, please email to aaao@hsu.edu.hk . 如欲查詢恒大的個人資料政策，歡迎電郵至 aaao@hsu.edu.hk 。 | | | | | |
| Signature 簽署: | | | Date 日期: | | |
| Enquiries 查詢 Tel.電話: (852) 3963 5169 Fax 傳真: (852) 3963 5276 Email 電郵: aaao@hsu.edu.hk Website 網址: aaao.hsu.edu.hk | | | | | |