



Donation Form

I would like to support the "Health Services Fund" of Kwai Tsing Safe Community and Healthy City Association(KTSCCHA), I hope the donation can be used for:

Support the primary medical services.

Help people in need (including but not limited to the poor and the weak, etc.) to get basic health services.

(E.g.: medical, rehabilitation services, etc.)

Provide health promotion and health education to public.

Donor Information

Name:	Organization (If Any):
Contact No.:	E-Mail:
Address:	
<p>Donation Receipt:</p> <p>By Post* By E-mail** To save administration cost, official receipt is not required.</p> <p>* A mail receipt will be issued for donations of HK\$100 or above, the receipt is required for tax deduction.</p> <p>** An E-mail receipt will be issued for donations of less than HK\$100.</p>	

Donation Methods

Crossed cheque (Payable to: Kwai Tsing Safe Community and Healthy City Association)

Cheque no. : _____

Pay directly into Bank Account, attached with bank-in slip.

Bank of China: 012-742-0-012018-4

Hang Seng Bank: 024-374-138204-003

Shanghai Commercial Bank: 025-341-82-06553-3

Nanyang Commercial Bank: 043-494-0-013146-5

Online Donation

Please visit our website (<https://ktschca.org.hk/>) to donate through credit card, Wechat Pay, FPS or other methods.

Please send the crossed cheque or bank-in slip by E-mail to office@ktschca.org.hk or by post to No.1, LG 2/F, Yat King House, Lai King Estate "Kwai Tsing Safe Community and Healthy City Association".

Annual accumulated donations of HK\$100 or above supported by receipt(s) are tax deductible.

Personal Information Collection Statement

Apart from the above programme, KTSCCHA may use your personal data provided in this form and donation record in the database to send you the most updated information relating to our services, development and the donation campaigns through various channels such as direct mailing, E-mail, telephone or SMS, etc. If you do not wish to receive such materials, please put a ✓ in the box below.

I / We do not wish to receive any promotion materials from KTSCCHA as specified above.

Signature: _____

Date: _____



葵青安全社區及健康城市協會

KWAI TSING SAFE COMMUNITY AND HEALTHY CITY ASSOCIATION

請貼上郵票

Please affix
stamp here

葵青安全社區及健康城市協會

Kwai Tsing Safe Community and Healthy City Association

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