

請捐款支持「國際骨骼肌肉疼痛協會」

Please support towards “Multidisciplinary International Association of Musculoskeletal Pain”

請以正楷填寫下列表格，並寄回香港中環德輔道中 54-58 號軟庫中心 13 樓 1305 室，或傳真至 852-2388 8854，以便本會發出正式捐款收據。

Please complete the form below in BLOCK LETTERS and return to us by post at Room 1305, 13/F, SBI Centre, 54-58 Des Voeux Road, Central, Hong Kong, or by FAX at 852-2388 8854 for official receipt purpose.

*我願意成為「國際骨骼肌肉疼痛協會」捐款者 I would like to:

- 每月定期捐助 Donate on a monthly basis
 港元 HKD: \$1,000 \$800 \$500 \$300 其他 other \$ _____
- 一次過捐款 Make a one-off donation of
 港元 HKD: \$1,000 \$800 \$500 \$300 其他 other \$ _____

*請在適當空格加上√號 Please √ as appropriate **請刪除不適用者 Please delete as appropriate

捐款人資料 Donor's Information

** 先生 Mr. / 小姐 Ms. / 太太 Mrs.: (中文) _____
 (English) _____

地址 Address: 室 Room _____ 樓 Floor _____ 座 Block _____
 大廈名稱 Name of Building _____
 門牌號碼及街道名稱 / 屋苑 Number and Name of Street / Estate _____
 地區 District _____
 ** 香港 HK / 九龍 Kowloon / 新界 NT

電話 Tel: _____ 傳真 Fax: _____ 電郵 Email: _____

***捐款方法 Donation Methods**

- 劃線支票 Crossed Cheque (支票抬頭請寫「國際骨骼肌肉疼痛協會有限公司」 Payable to “Multidisciplinary International Association of Musculoskeletal Pain Ltd.”)
 支票號碼 Cheque No.: _____
- 直接存入本會銀行戶口 Direct Transfer
 東亞銀行 015-514-68-02373-1
 (請寄回或傳真銀行入數紙至本會 Please send us the bank-in slip by fax or by post)
- 信用卡 Credit Cards #
 Visa Master Card American Express
 持卡人姓名 Cardholder's Name: _____
 信用卡號碼 Card No.: _____
 有效日期至 Expiry Date (MM/YY) _____ / _____

持卡人簽署 Cardholder's Signature: #

本人授權國際骨骼肌肉疼痛協會由本人之信用卡戶口轉帳上述指定金額作定期捐款。此授權在本人之信用卡有效期過後及獲發新卡後，仍繼續生效，直至另行通知。
 # I hereby authorize the Multidisciplinary International Association of Musculoskeletal Pain to debit the specified amount monthly from my credit card account. The authorization will continue after the expiry date of the credit card and with the issuance of a new card until further notice.

捐款港元一百元或以上將獲發收據，作免稅申請之用途。
 Tax-deductible receipts will be issued for donations of HK\$100 or above.
 閣下的個人資料將保密處理，只作本會行政、發出收據及通訊用途。本會將透過電郵、電話通知閣下本會慈善籌款項目及活動的最新情況，以及作出捐款呼籲。
 Your Personal Data will be kept strictly confidential and only for the purposes of administration, receipt issuing and communications. We will contact you to provide promotional materials about our programs, events and initiatives and inviting you to donate, either by means of email alert and phone.

* 本人同意 I agree / 本人不同意 I do not agree 接收國際骨骼肌肉疼痛協會的資訊，並同意國際骨骼肌肉疼痛協會使用本人個人資料作上述用途。to receive promotional materials from MIA and consent to use my Personal Data for this purpose.

與痛攜手創新生

國際骨骼肌肉疼痛協會



Multidisciplinary
International
Association of
Musculoskeletal Pain

電話(Tel): 852-6888 0205 傳真(Fax): 852-2388 8854 電郵(Email): mskuspm@gmail.com

地址(Address) : 中環德輔道中 54-58 號軟庫中心 13 樓 1301 室 (Room 1301, 13/F, SBI Centre, 54-58 Des Voeux Road Central, Hong Kong.)