



我願意捐款支持童SEN同戲 (一次性捐款 One-off Donation)

I would like to support SENMILY HK by making a donation

請在適當地方加上剔號。Please tick where applicable.

- HK\$1,000** 提供情緒管理桌遊課程予有特殊教育需要的兒童，提升其社交技巧
To enhance social skills for children with SEN by emotion learning board game program
- HK\$800** 提供STEM學習套裝予有特殊教育需要的兒童，發展潛能
To unleash the potential for children with SEN by providing them with STEM learning kits
- HK\$500** 提供減壓工作坊予有特殊教育需要兒童的家長，照顧照顧者的需要
To care for the mental needs for caregivers by stress relieving workshops
- HK\$300** 提供體驗學習機會予有特殊教育需要兒童的家庭，促進親子溝通
To enhance communication for children with SEN and parents by experiential learning opportunities
- HK\$** _____

港幣一百元或以上的捐款，可憑收據申請扣減稅項(稅局檔號 91/17361)。

All donations of HK\$100 or above are tax deductible (IRD File no. 91/17361).

請填妥本表格，並寄回童SEN同戲新界屯門井財街27號政府服務大樓4樓。如有查詢，請WhatsApp 9531 0593 與籌募及傳訊部同事聯絡。
Please complete the form and return to us by post to SENMILY HK, 4/F Tseng Choi Street Government Services Complex, 27 Tseng Choi Street, Tuen Mun, H.K. Please WhatsApp FR & Communications Department at 9531 0593 if you have any enquiries.

捐款者資料 Donor's Information

英文姓名
English Name: (Surname) _____ (Given Name) _____ Mr/ Ms/ Mrs

中文姓名
Chinese Name: _____ 先生/ 女士/ 太太

手提電話
Mobile: _____

辦公室/住宅電話
Office/Home Tel: _____

電郵
Email: _____

地址
Address: _____

捐款收據 Donation Receipt:

- 需要收據 Please issue donation receipt.
- 為節省行政開支，毋須收據 To save administration costs, no donation receipt is required

收據抬頭(若與上述捐款人不同方需填寫) Name of Receipt (Specify if differ from donor name above): _____

您的個人資料將保密處理，並只會用作捐款處理、發出收據和通訊等用途。請在方格內以✓表示：

Your personal information will be treated as strictly confidential and used solely for processing donation, issuing receipts and communication purposes. Please ✓ one of the boxes:

- 同意接收童SEN同戲的資訊。 I wish to receive information from SENMILY HK.
- 不同意接收童SEN同戲的資訊。 I don't wish to receive information from SENMILY HK.

捐款方法 Donation Methods

銀行轉賬 Bank Deposit

請把善款直接存入童SEN同戲之大新銀行戶口: 040-309-158-11250。請連同存款收據正本/自動櫃員機單據正本寄回並保留副本。

Please make a deposit into the SENMILY HK's bank account (DAH SING BANK A/C: 040-309-158-11250), and send us the original bank payment slip/ ATM slip with this form. Please keep a photocopy of the slip for your own record.

劃線支票 Crossed Cheque

支票抬頭請寫「童星同戲有限公司」，並在支票背面寫上姓名及聯絡電話。

Please make the cheque payable to "SENMILY HK LIMITED". Please mark your name and contact number on the back of the cheque.

現金 Cash

簽名
Signature: _____

日期
Date: _____