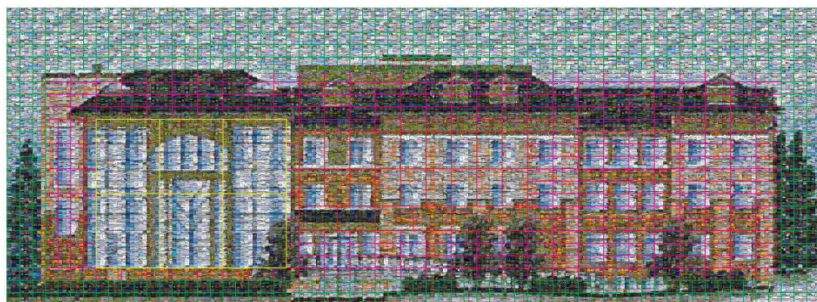


Donation Form



Category	Size	Price
Yellow	15" x 18"	\$25,000
Red	6" x 9"	\$10,000
Pink	6" x 3"	\$2,500
Green	3" x 3"	\$500

Plaque #: _____

Amount 價值: \$ _____

Date 日期: _____ Fundraising Contact Person 籌款聯絡人: _____

Name 姓名: _____

Address 地址: _____

Phone 電話: _____ Fax 傳真: _____

Email 電郵: _____

I would like to subscribe to Wing Kei news and updates.

Donor's Signature 善長簽署: _____

Name that will appear on the pledged item 擬寫於紀念牌匾上之名字: _____

* We have guidelines for use of fonts and no. of words. 字款大小及字數須合乎規定

* All contents must comply with our Mission, Vision and Core Values. 一切內容須符合榮基的使命、宗旨和核心價值

Method of Payment:

Wing Kei Association Wing Kei Foundation

Cash Cheque MasterCard VISA

Expiry Date 有效日期: _____ / _____

Cardholder's Name 持卡人姓名: _____

Cardholder's Signature 持卡人簽署: _____

Donation Receipt issue to: _____

For more information please contact: events@wingkei.org