



Consortium of Institutes on Family in the Asian Region Limited 亞洲區家庭研究聯盟

Donation Form 捐款表格

Name 捐款人姓名：_____ Mr.先生/ Mrs.女士/ Ms.小姐**

Organization / Company 機構 / 公司名稱：_____

Contact Phone No. 聯絡電話：_____ 電郵 Email：_____

Address 地址：_____

I / Our Company** would like to donate HK\$_____ to support CIFA for :

本人 / 公司**樂意捐助港幣\$_____，以贊助亞洲區家庭研究聯盟以下工作範疇：

- | | |
|-------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Evidence-based research 實証研究 | <input type="checkbox"/> Trans-disciplinary training 跨專業訓練 |
| <input type="checkbox"/> Clinical practice 臨床實踐 | <input type="checkbox"/> Information sharing 資料分享 |
| <input type="checkbox"/> 其他 Others：_____ | |

Donation Method 捐款方法：

By crossed cheque (Payable to “Consortium of Institutes on Family in the Asian Region Limited”)

劃線支票(支票抬頭請填寫「亞洲區家庭研究聯盟有限公司」)

Cheque No. 支票號碼：_____

Name of Bank 銀行名稱：_____

Please send the cheque along with this completed form to the Secretariat, Consortium of Institutes on Family in the Asian Region at “5/F, Tsan Yuk Hospital, 30 Hospital Road, Sai Ying Pun, Hong Kong”.
Receipt for donation will be issued for tax exemption purpose.

請將此表格連同劃線支票寄回亞洲區家庭研究聯盟秘書處：「香港西營盤醫院道 30 號贊育醫院 5 樓」，以便發出正式收據作退稅用途。

Enquiry 查詢電話：(852) 2859 5300

Fax 傳真：(852) 2964 9475

Email 電郵：info@cifa-net.org

Website 網址：<http://www.cifa-net.org>

備註 Remarks：

1. **請刪去不適用者 Cross out the inappropriate items.
2. 請在適合的方格內加上「✓」 Please put a tick in the appropriate space.
3. 所有個人資料將保密處理，作為寄發收據、鳴謝及通訊用途。Your personal information provided is only for issue of receipt, acknowledgement and correspondence purposes.

Converging professional wisdom for family well-being

凝聚專業智慧，倡導家庭健康