

REPLY FORM (回复件)
(Fax No 传真号码 62958131)

Name (Mr/Mrs/Mdm/Ms): _____ I/C No: _____
捐款者 (先生 / 太太 / 女士 / 小姐) 居民身份证号码

Company Name: _____
公司宝号

Address: _____
联络地址

Postal Code: _____
邮区
Tel (Res): _____ (O) _____ (HP) _____
住家号码 公司 手机

Fax : _____ E-mail : _____
传真号码 电邮

A) KWSH 2008 Lantern Festival Celebration 广惠肇留医院 2008 年中秋节慈善活动

No	Lanterns to be lighted (认购灯笼)	Qty (数目)	Amount (总数)	*Name(s) to be tagged – Please write clearly * (请写上要张贴在灯笼上的名字)
1	S\$100 per lantern of love (small size) S\$100 爱心灯笼			
2	S\$300 per lantern of care (medium size) S\$300 关怀灯笼			
3	S\$500 per lantern of compassion (large size) S\$500 慈悲灯笼			
4	\$1000 & above per lantern of peace 平安灯笼(\$1000 以上)			

**** The biggest artistic Lantern, hand made by our volunteers, at the main pavilion will be reserved for the top donor. Thank you for your support.**

*I / We would like my / my organisation/ our name(s) tagged on the lantern. 我 / 我们选择把名字挂在灯笼下

*I / We prefer to remain anonymous and **NOT** have my / our name(s) tagged on the lantern 我 / 我们选择不把名字挂在灯笼下

B) Mode of Payment 付款方式

Visa/Master Card: Signature: _____ Expiry Date _____
信用卡号码 签名 有效日期
□□□□-□□□□-□□□□-□□□□ □□□□

Cheque/ 支票
*Name of Bank /名字: _____ Cheque No/ 支票号码 _____

* Cheques should be crossed and made payable to “Kwong Wai Shiu Hospital”. Please indicate “2008 Lantern Festival” on reverse of the cheque. *惠赐支票，请割双线写付“广惠肇留医院”，并在支票后注明“广惠肇留医院 2008 年中秋节慈善活动”。

***C) Join us for lantern festive 2008/参与我们的 2008 中秋节慈善活动**

Yes, I / We would like to join the lanterns festive celebration. 我 / 我们会参与 2008 中秋节慈善活动。

Our names are: 名字:

1) _____ 2) _____

No, I / We are **UNABLE** to join the lanterns festive celebration. 我 / 我们**无法**参与 2008 中秋节慈善活动。

D) I/our organisation would like to make a one-time donation of S\$ _____ towards this event.