

Donor Information 捐款人資料

Name (姓名): _____

Address (地址): _____

City (城市): _____ Province (省分): _____

Postal Code (郵政號碼): _____ Telephone (電話): (____) _____

Email (電郵): _____ Membership (會員) #: _____

- Donors will be acknowledged in our publications. If you prefer to remain anonymous, please check the box.
本會將於分會刊物中列出捐款人姓名予以鳴謝。如閣下欲以匿名捐款，請在此方格內劃上✓號。

Donation 捐款

Donation Amount 捐款金額: \$ _____

Donation Method 捐款方法:

- Online Donation** 網上捐款 <http://diabetes-chinese.ca/zh/>
- By Personal Cheque enclosed with this form** 隨此表格附上個人支票
(Payable to / 抬頭請寫上: Diabetes Canada Toronto Chinese Chapter)
- By Credit Card** 個人信用卡

 Visa (Visa 咭) MasterCard (萬事達咭) AMEX (美國運通咭)

Cardholder Name 持咭人姓名: _____

Card Number 信用卡號碼 : _____ Expiry Date: 有效日期

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_____/_____
MM月 YY年

Cardholder Signature 持咭人簽名: _____ Date 日期: _____

Please return this donation form to DC:

請將填妥之捐款表格寄回加拿大糖尿病協會。

Diabetes Canada – Toronto Chinese Chapter

P.O. Box #42071, 2851 John Street, Markham ON, L3R 5R7

Tax receipts for your donations made in 2018 will be issued in early 2019.

捐款者將於 2019 年初獲發 2018 年度之捐款收據以作報稅用途。

Thank you for your generous support! 多謝您的慷慨支持!