



DONATION FORM

Donor's Information

Name: _____

Address: _____

Telephone (Home): _____

Telephone (Business): _____

Facsimile: _____

E-mail: _____

Types of Donation

I (We) wish to donate a total of \$ _____.

I (We) plan to make this contribution in the form of: ___ Cash ___ Check (Cheque No. _____)

I (We) wish to make regular donation @ \$ _____ per _____ by standing order or direct debit/transfer.

Acknowledgement Information

___ I (We) wish to use the following name(s) in all acknowledgements:

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___ I (We) wish to have our contribution remain anonymous.

Please make checks or other gifts payable to: Rainbow Project Company Ltd

"The Promise of a Better Future for Children with Autism"

Rainbow Project Company Limited

G/F, Yuen Fai Court, No. 10 Sai Yuen Lane, Sai Ying Pun, Hong Kong.

Tel: +852 25487123; Fax: +852 25487200; Email: rainbow@rainbowproject.org

www.rainbowproject.org



捐助表格

捐贈者資料

姓名: _____

地址: _____

電話 (住宅): _____

電話 (辦公室): _____

傳真: _____

電郵: _____

捐款資料

本人願意捐贈款項總數港幣_____元正。

上述捐款將以_____現金_____支票形式送出。

\$ _____ 定期(每月 / 每季 / 每年)自動轉賬形式的捐款

致謝函資料

____ 本人希望所有致謝函均以下列名義提名：

____ 本人希望以不具名形式作出捐助。

請以 **Rainbow Project Company Ltd** 為善款支票之收款方或其他捐贈之受惠方。

"The Promise of a Better Future for Children with Autism"

『一個給自閉症兒童更好未來的承諾。』

Rainbow Project Company Ltd

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