

The Accountants Care Campaign

A Tribute to Healthcare and Cleansing Workers

Donation Form

Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Membership No.: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

I authorise the Hong Kong Institute of Certified Public Accountants Charitable Fund to charge the donation to my credit card:

Receipt required:     Yes     No

Donation amount:    HK\$\_\_\_\_\_ (\$100 or any amount you like)

Credit card type:     Visa  
                               Master

Cardholder's Name: \_\_\_\_\_  
(as appeared on the card)

Card No.:            

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

Card Expiry Date:    \_\_\_\_\_(Month)    \_\_\_\_\_ (Year)

Cardholder's Signature: \_\_\_\_\_    Date: \_\_\_\_\_

Note

Please return the completed form by fax or by post to:

Hong Kong Institute of Certified Public Accountants Charitable Fund,  
4/F, Tower II, Lippo Centre,  
89 Queensway,  
Hong Kong.  
Fax: 2537 9392 / 2865 6776