

遺產及保單捐贈通知書
Legacy Giving Notification Form

我願意捐贈遺產或保單予苗圃行動，幫助改善中國教育。

I would like to support Sowers Action by joining the Legacy Giving Program.

中文姓名 Chinese Name: (姓) _____ (名) _____
英文姓名 English Name: (First Name) _____ (Last Name) _____
聯絡電話 Contact Number: _____ 身份證號碼 ID Number: _____
電郵 Email: _____
地址 Address: _____
會員或捐款者編號 (如適用) Membership or Donor Number (if applicable): _____

(請在適當空格填上✓號 Please tick the appropriate box)

- 本人以苗圃行動為我遺囑中的遺產的受益人。

I agreed to donate my legacy to the Sowers Action.

聯絡人 Contact Person: _____

電話 Contact Number: _____

- 本人以苗圃行動為我人壽保險的受益人。

I agreed the Sowers Action to be the beneficiary of my life insurance.

保險公司 Insurance Company: _____

保單編號 Policy Number: _____

捐贈百分比 Percentage of Donation: _____

- 本人向苗圃行動作出特定捐贈。

I agreed to make a specific donation to the Sowers Action.

指定項目 Specific Item: _____

聯絡人 Contact Person: _____

電話 Contact Number: _____

衷心感謝您的支持！您有權隨時更改或取消向苗圃行動捐贈的意願。如有查詢，請致電 2597 4739 與我們聯絡。

Thank you for your support! You have the right to change or cancel your decision at anytime. For enquiry, please contact us at 2597 4739.

本會日後將會在有需要時透過閣下提供的聯絡方法發出收據、提供活動資訊、募捐資料及呼籲支持本會工作。所有個人資料絕對保密，並會嚴格遵照法律規定處理。如欲查閱你的個人資料，請與苗圃行動個人資料主任聯絡。

We will, when necessary, contact you through the means of your contact provided for the purposes of issuing receipt or providing the information about our donations and support activities and appeals. All personal information will be kept confidential and handled in compliance with legal requirements strictly. Please contact our Personal Data Officer of Sowers Action for accessing your personal data.

- 本人同意上述安排 I agree with the arrangements above.

簽署 Signature _____ 日期 Date _____