

Brain Metastasis Fund Donation Pledge Form

Donor Information:

Full Name: _____

Address: _____

Phone Number: _____ Email: _____

Donation Amount: HK\$ _____

Sponsor a Patient: [Treatment cost per patient HK\$49,500]

• Number of Patient(s): _____

• Total Sponsorship Amount: HK\$ _____

Payment Method:

By Bank Transfer

Bank Name: **Bank of China (Hong Kong) Ltd.**

A/C Name: **Brain Centre Foundation Limited**

A/C No.: **012-721-00106671**

Please specify that the donation is for “Brain Met Fund”

By Cheque

Please make cheque payable to **“Brain Centre Foundation Limited”** and send to the address below together with this form.

Cheque No.: _____ Bank Name: _____

Please specify at back of cheque “ For Brain Met Fund ”.

[Additional Instructions]

Please return completed Form to : *Brain Centre Foundation Limited,
1/F Canossa Hospital, 1 Old Peak Road, Hong Kong*

For enquiries, please contact: Grace Ma, mobile/whatsapp: 9626-1002

**** Your donation is tax deductible ****