



BRAIN CENTRE
FOUNDATION

Tax File# 91/6240

Gamma Knife Charitable 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**

By Cheque

Please make cheque payable to “**Brain Centre Foundation Limited**” and return to us with this form.

Cheque No.: _____ Bank Name: _____

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

A receipt will be sent to the above address.

Name of recipient (if different to donor): _____

Return address: _____