



**DONATION FORM**

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Type:	Form
Version:	001
Effective Date:	3.1.2025
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**To: Centre for Virology, Vaccinology & Therapeutics**

Unit 208-213, 2/F, Building 15W,

Hong Kong Science Park, Pak Shek Kok

N.T., Hong Kong

Tel: (852)3910-3692

Email: [andrewlee@cvvt.hk](mailto:andrewlee@cvvt.hk)

**Part I – Make a Donation**

I/Our Organisation\* would like to make a donation in the amount of HK\$ \_\_\_\_\_

(if in other currency, please specify: \_\_\_\_\_) to support \_\_\_\_\_

☐ I/Our Organisation\* would like to remain anonymous for this donation.

(Centre for Virology, Vaccinology and Therapeutics Limited (the Centre) respects the preference of donors who do not wish to have their identity published or made generally known. However, the donor's necessary details shall be made known to the Centre for record.)

\*Please delete as appropriate.

**Part II – Donation by Cheque**

Please make a crossed cheque payable to "**Centre for Virology, Vaccinology and Therapeutics Limited**".

Cheque No.: \_\_\_\_\_ Issuing Bank: \_\_\_\_\_

**Note:**

1. Receipts will be issued for donations of HK\$100 or above for tax deduction purposes.



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**Part III – Donation Contact Information**

*Please complete this form in **BLOCK LETTERS** for data processing.*

☐ Individual Donator ☐ Corporate Donator

Title: Mr / Mrs / Ms / Professor / Dr / \_\_\_\_\_ Chinese Name: \_\_\_\_\_

Name in English: \_\_\_\_\_ (Surname) \_\_\_\_\_ (Given Name)

Company/Organization: \_\_\_\_\_

Name for issuing receipt (if different from above): \_\_\_\_\_

Contact Address (Home/Business): \_\_\_\_\_

Contact Tel. No. (Home/Business): \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Email for receiving electronic donation receipt (if different from above): \_\_\_\_\_

*All the data provided by you will be treated as strictly confidential and the data will be used for maintaining contact. The Centre will not disclose any personal information to external bodies unless you have been informed or the Centre is required to do so by law.*