

## **Golden Jubilee Donation**

Donor Particulars (*Please delete as appropriate.)						
	Individual Donation Name (Dr/Mr/Madam)* Organisation/Title					
<b></b>	Group Donation  Name (e.g. 90' 7A Art Stream)  Contact Person (Dr/Mr/Madam)*					
	Contact Information					
	Mailing Address Email					
	Tel EmailAffiliation with BSTC    Affiliation with BSTC    Alumnus (Graduation/Leaving Year)					
	□ Parent (Student's Name/Class)					
	☐ Staff ☐ School Manager ☐ Others					
D	onation Amount					
	HK\$100 □ HK\$500 □ HK\$1,000 □ HK\$2,000 □ HK\$5,000 □ HK\$10,000					
	Other Amount					
	☐ Please send me/us a receipt. (Donation of HK\$100 or over is tax deductible.)					
	Name of Recipient					
	If individuals of a group donation request for a personal receipt, please fill in the Annex.					
I/We:						
	☐ Agree that my/our group name stated above will be published on the school website or publications as an acknowledgement.					
	Agree that my/our group name will be carved on the Donor Wall "Precious Pillars of Sin Tak"  Please specify the inscription on the nameplate (The inscription is subject to approval by our school):					
	□ No acknowledgement is needed.					
If the donation is above HK\$10,000, the donor's name will be carved on the Golden Jubilee Donor Wall "Precious Pillars of Sin Tak".						
	Type of Namenlate Donation Amount Duration					

Donation Amount	Duration
HK\$ 10,000 - HK\$ 49,999	5 years
HK\$ 50,000 - HK\$ 99,999	8 years
HK\$ 100,000 or more	10 years
	HK\$ 10,000 - HK\$ 49,999 HK\$ 50,000 - HK\$ 99,999

Donation Methods						
	Crossed Cheque (Payable to "The Incorporated Management Committee of Buddhist Sin Tak College")  Name of Bank Cheque No					
	Please send this form and the cheque (with the name of the donor/contact person and contact phone					
	number at the back) to 5, Hing Shing Road, Kwai Chung, N.T., H.K.					
	Bank Direct Transfer or FPS					
	Please deposit the donation to 288-033780-002 (Hang Seng Bank, "The Incorporated Management					
	Committee of Buddhist Sin Tak College") and send the transaction record (either original copy or photocopy) together with this form to us by post or email.					
	Address: 5, Hing Shing Road, Kwai Chung, N.T., H.K.					
	Email: 50th@bstc.edu.hk					
	Cash					
	Please visit us at 5, Hing Shing Road, Kwai Chung, N.T., H.K.					
Donation Designation(s)						
	Golden Jubilee Celebrations					
	School Development					
	Others					
P	Personal Information Collection Statement (Please ✓ if you agree.)					
	The information collected in this form will be used for the purposes of donation and other related activities in					
	the school. No personal data shall be disclosed to other organisations or individuals without my prior consent.					
	I have the right to request access to, deletion and correction of information about myself held by the school. (Please contact us for any such request.)					
	(i lease contact as for any such request.)					
Signature of Donor/						
С	ontact Person: Date:					

## **Remarks**

Denstion Matheda

The Incorporated Management Committee of Buddhist Sin Tak College reserves the right to accept any donation. If a donation is not in line with the vision and mission of the school sponsoring body or the school, or might cause a conflict of interest or harm the interest of students or the school's reputation, the donation will not be accepted.

## Thank you!

## **Application for Personal Receipts**

(Applicable to Individuals of a Group Donation)

Donation of HK\$100 or over is tax deductible with an official receipt. If individuals of a group donation need a personal receipt, please fill in the form below. All personal receipts will be mailed to the address provided.

Name of Group (e.g. 90' 7A Art Stream):

	Name of Individual Recipient	Donation Amount				
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
Please continue on a separate sheet if the space provided is insufficient.						
Signature of Donor/						
	Contact Person: Date:					