

報名表格 Registration Form

愛滋病毒感染者為保護身份免受歧視，每天都像戴上無形的面具。誠邀你與感染者同行，戴上面具參與步行，親身感受他們所承受的壓力和負擔，並表達你的支持及對愛滋病的關注，一起消除社會的標籤和歧視。

People living with HIV/AIDS (PLHIV) live with constant stress of discrimination, driving them to live behind an invisible mask to protect their identities. You are encouraged to join the Walk and wear a mask to step into the shoes of PLHIV and bear the stress brought by the invisible masks. Let's show our support and care, as well as joining hands to eliminate stigma and discrimination in our society.

地點: 山頂山頂道花園

Venue: Peak Galleria, The Peak

時間: 11 am - 1 pm

Time: 11 am - 1 pm

路線: 夏力道至盧吉道 (全程約1小時)

Route: Harlech Road to Lugard Road (around an hour)

3月4日 Mar 4
(星期日 SUN)

參加組別 Category

- 個人 (最低籌款額HK\$300; 18歲以下、全日制學生、60歲或以上人士, 最低籌款額HK\$150)
Individual (Minimum raising amount: HK\$300 for adults. HK\$150 for people aged below 18, full-time students or people aged 60 or above)
- 團體 (四人為一組, 每組最低籌款額HK\$1,000) 隊名 Name of group: _____
Group (Four people to a group, minimum raising amount: HK\$1,000) 所有參加者必須於背面「聲明及保證」上簽署以示同意。All participants must sign the disclaimer on the back.
- 家庭 (父母及最多2名18歲以下小童, 最低籌款額HK\$500)
Family (Parents and maximum 2 children aged below 18, minimum raising amount: HK\$500)
- 本人未能參加步行籌款。本人願意捐出港幣500 / 200 / 100* 元或港幣_____元支持是次活動。
I will not participate in the AIDS Walk but I would like to donate HK\$500 / 200 / 100* or HK\$_____.

網上報名 Online registration: <https://goo.gl/9DtBJQ>

贊助人 Sponsors



所有參加者均可獲贈由著名時裝設計師VIVIENNE TAM設計的活動T-Shirt、豐富禮品袋包括Okamoto暖包及手製面具各乙份。部份禮物數量有限，送完即止。

All participants will get a limited edition T-shirt designed by famous designer VIVIENNE TAM, a gift pack includes Okamoto heating pad, and a hand-made mask. All gifts are available while stocks last.



個人/聯絡人資料 Application Details

姓名 Name: _____

性別 Gender: _____ 年齡 Age: <18 / 18-59 / 60≤

聯絡電話 Tel. No: _____

地址 Address: _____

電郵 Email : _____

姓名 Name	贊助金額 Sponsor Amount	收據 Receipt (✓)

總額 Total Amount _____

*港幣100元或以上捐款可獲發報稅收據。Tax-deductible receipt will be issued for donation of HK\$100 or above.
如有需要，閣下可自行影印表格。Please photocopy this form if necessary.

請將劃線支票或其他付款證明資料，連同填妥之表格以郵寄、傳真或電郵方式送回本會，本會將以電話或電郵確認已收取表格。
Please send **crossed cheques or other payment receipts** together with the form to us by mail, fax or email. We will confirm the applications by phone or email.
傳真 Fax : (852) 2521 7668 電郵 Email : pr@aids scare.com.hk

捐款辦法 Donation Methods

- 劃線支票抬頭「愛滋寧養服務協會有限公司」
Crossed cheque payable to "The Society for AIDS Care Ltd."
- 直接存款或網上轉帳至 **東亞銀行 BEA account: 015-228-10-400465-6**
Deposit to our **匯豐銀行 HSBC account: 096-158233-838**
- 信用咭 By Credit Card
- Visa MasterCard American Express JCB
- 持咭人姓名 Name of Cardholder: _____
- 信用咭號碼 Credit Card Number: _____
- 有效日期 Expiry Date : _____ 月 M _____ 年 Y
- 持咭人簽名 Cardholder's Signature: _____
- 繳費靈 By PPS
- PPS 繳費靈** 商戶編號 : 6325 (請選擇「3-步行籌款」)
商戶名稱 : 愛滋寧養服務協會
Merchant Code : 6325 (Please choose "3-AIDS Walk")
Merchant Name : THE SOCIETY FOR AIDS CARE
- 交易編號 Payment Reference No. : _____

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