



## Action for Sight 愛眼行動 2018

### School Fundraising Method 學校籌款形式

Each supporter receives an Eye Care Pack when 每位支持者可獲贈「護眼禮品包」:

- A student donates MOP30 or above 中小幼學生捐款澳門幣 30 元或以上
- A staff donates MOP100 or above 教職員捐款澳門幣 100 元或以上

#### Participation Procedures 參與程序

1. Please make use of the promotional materials and exhibition panels of “Action for Sight 2018” to raise funds from teaching staff, students and parents.  
請使用「愛眼行動 2018」的宣傳品、家長信及護眼教育展板向師生及家長籌款
2. Please return the completed donation form and donations to Orbis on or before December 11, 2018.  
請於 2018 年 12 月 11 日或之前填妥捐款表格，連同捐款交回奧比斯
3. Receive the Eye Care Packs from Orbis 收到奧比斯寄出之護眼禮品包
4. Encourage teaching staff, students and parents to wear the Orbis Eye Care Pins from October to December to support “Action for Sight 2018”, or assign a designated date for students to wear the pins.  
於 10 月至 12 月一起戴上護眼襟章，支持「愛眼行動 2018」；學校亦可安排學生於特定日子一起戴上襟章
5. Participating organization will receive Orbis receipt upon request (*to help save administration costs, individual receipts will not be issued separately*)  
如有需要請向奧比斯索取收據 (為幫助節省行政開支，將不會發出個人名義之收據)
6. In order to show our appreciation, names of participated organizations will appear in the “Action for Sight 2018” Thank You Advertisement on Macao Daily News on early December, where the “Top Three Fundraising Schools” will be announced (upon your approval)  
所有參加奧比斯「愛眼行動 2018」之機構名稱將刊登於 2018 年 12 月 (日期待定) 澳門日報之鳴謝廣告，並公佈「三大最高籌款學校」，以表謝意 (選擇不刊登機構名稱除外)

#### Donation Methods 捐款方法

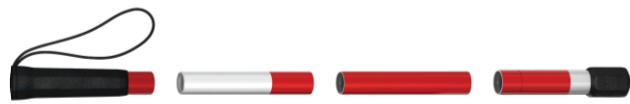
- By cheque (payable to: Orbis Macau) 支票捐款 (抬頭請寫「澳門奧比斯」)
- By bank deposit (please return bank deposit slip and donation form to Orbis)  
銀行直接存款 (請把存款收據連同參加表格交回奧比斯)
  - OCBC Wing Hang 華僑永亨銀行 031-658-001
  - Bank of China 中國銀行 01-01-20-804446
  - BNU 澳門大西洋銀行 9005198391
  - Tai Fung Bank 大豐銀行 2011095905
- By online donation at Action for Sight website (do not need to send the donation form again)  
信用卡網上捐款 (無須重覆寄回捐款表格)

#### Participation, Donation and Enquiries 遞交參加表格、捐款及查詢

Ms Chloe Sio 蕭艷彤小姐

Email 電郵: [chloe.sio@orbis.org](mailto:chloe.sio@orbis.org)

Fax 傳真: 2835 6061



## Action for Sight 愛眼行動 2018 School Donation Form 學校捐款表格

**Our school would like to 本校願意** (Please check the boxes when applicable 請在方格內 )

- Join Orbis "Action for Sight 2018" and encourage teachers and students to wear the Orbis Eye Care Pin  
願意參加「愛眼行動 2018」，並鼓勵師生戴上奧比斯護眼襟章，以行動支持全球救盲工作
- Agree to have our school's name placed on the Thank You Advertisement  
同意奧比斯於鳴謝廣告上刊登本校名稱：
  - Name to be published(Chinese) 刊登名稱(中文) : \_\_\_\_\_
- Request an official receipt 希望收取正式收據
- Help save administration costs and therefore do not need a receipt 協助節省行政開支，無須收據。
- Agree to facilitate Orbis to place Eye Care exhibition panels at our campus (Oct 15 - Dec 14)  
同意奧比斯於本機構內放置展覽板介紹世界視覺日及護眼知識 (10月15日至12月14日)
  - Preferred date of exhibition 希望展出日期 : \_\_\_\_\_

School's Information 學校資料		
Name 名稱 : (English)		Donor no. 捐款者編號 : (if applicable 如適用)
(中文)		
Address 地址* :		

\*Address will be used for Orbis Eye Care Packs and receipt delivery 地址將作為送遞護眼禮品包及收據之用

Contact Person 聯絡人			
Name 姓名 :		Position 職銜 :	
Tel 電話 :		Fax 傳真 :	
Email 電郵 :			

Donation Information 捐款資料 :			
Total number of participating students 參與學生總人數		Total number of participating staff 參與教職員總人數	
Total number of Orbis Eye Care Packs 護眼禮品包總數		Total funds raised (MOP) 籌款總額(澳門幣):	

Please return the completed donation form and donations to Orbis on or before **December 11, 2018**

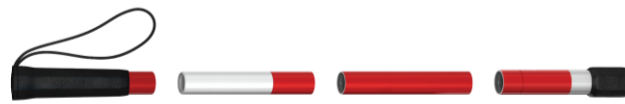
請於 **2018年12月11日** 或之前填妥捐款表格，連同捐款交回奧比斯：

Ms Chloe Sio 蕭艷彤小姐

Email 電郵 : [chloe.sio@orbis.org](mailto:chloe.sio@orbis.org)

Fax 傳真 : 2835 6061

\* The above information will be used for receipting and fundraising purposes only. We may furnish your data on a strictly confidential basis to third parties, who provide services to us in relation thereto. 以上資料只會用作發收據或募款用途。我們可能將有關資料提供予第三者服務供應商進行以上有關運作，但所有資料絕對保密。



You do not need to return this page to Orbis; it is designed for your school's internal usage only

本頁是方便 貴校內部填寫及統計，不需交回奧比斯

**Participants Name List 參加者名單：**

Participant Name		Donation 捐款金額		Participant Name		Donation 捐款金額	
參加者姓名		MOP 澳門幣		參加者姓名		MOP 澳門幣	
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3.				4.			
5.				6.			
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47.				48.			
49.				50.			

Should you require additional forms, please feel free to make photocopies. 如需更多表格，煩請自行影印。

**Thank you for your participation! 多謝您的參與，一起終斷視障！**