

「年年護妳」慈善步行

關注女性癌症活動

女士們每天為家庭、為工作不停付出，
是時候要關愛自己，為關注女性癌症走出來：

日期 2017年10月15日 (星期日)
地點 山頂道花園 起步禮時間 3:30pm



www.careyoudeserve.org.hk

查詢及報名 | 3921 3821

贊助機構



協辦機構



支持機構



全力支持



活動時間及起點 Time & Starting Point

活動日期 Event Date : 15-10-2017 (星期日 Sunday)

集合時間 Assemble Time : 3:00 pm

集合地點 Meet-up Venue : 山頂道花園 Peak Road Garden

起步禮 Starting Ceremony : 3:30 pm

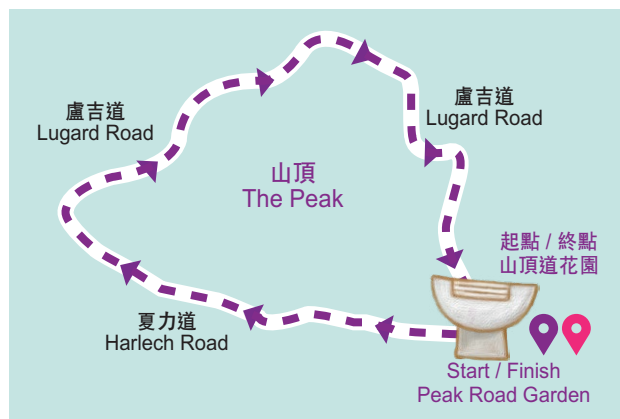
活動需時 Time Required : 約 2 小時 Around 2 hours

截止報名日期 Deadline of Application : 29-9-2017 (星期五 Friday)

路程 Route

行程距離 Distance : 3.5km

所需時間 Time required : 1hr



起點
Starting Point



終點
Finish Point



路程
Route

查詢 Enquiry



3921 3821



3921 3822



careyoudeserve@hkacs.org.hk



CareYouDeserve



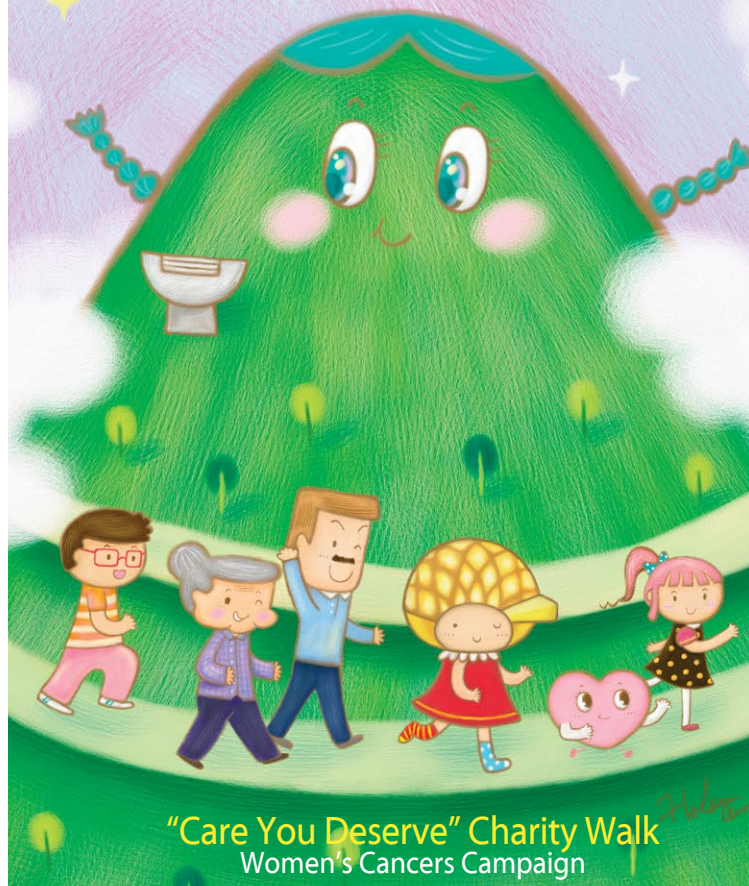
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年年護妳
CARE YOU DESERVE

「年年護妳」 慈善步行

關注女性癌症活動



"Care You Deserve" Charity Walk
Women's Cancers Campaign

主辦機構 Organisers



LI KA SHING FACULTY OF MEDICINE
THE UNIVERSITY OF HONG KONG
香港大學李嘉誠醫學院



香港防癌會
THE HONG KONG ANTI-CANCER SOCIETY
Since 1963

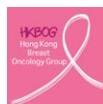
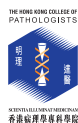
贊助機構 Sponsors



協辦機構 Co-organiser



支持機構 Supporting Organisations



全力支持 Full Support



排名不分先後 In no particular order

香港防癌會
香港黃竹坑南朗山道30號
簡便回郵號碼16 ABD

The Hong Kong Anti-Cancer Society
30 Nam Long Shan Road
Wong Chuk Hang, Hong Kong
Freepost No. 16 ABD

NO POSTAGE STAMP
NECESSARY IF POSTED
IN HONG KONG
如在香港投寄毋須貼上郵票

關於「年年護妳」關注女性癌症活動

根據香港癌症資料統計中心的推算，香港女性癌症有上升的趨勢，尤其是卵巢癌、子宮內膜癌和乳腺癌新症的情況值得關注。女性癌症影響的不只是患者本身，對家庭亦有深遠影響。故此，香港大學李嘉誠醫學院婦產科學系與香港防癌會攜手舉辦「年年護妳」關注女性癌症活動，藉此喚起市民對女性癌症的關注，同時籌募善款，幫助更多有需要的女性癌症患者。

女士們每天為家庭、為工作不停付出，卻忽略了自己。

為自己、為你愛的她

請即走出來

抵抗婦女癌症 一起同心「護妳」！

About “Care You Deserve” Women’s Cancers Campaign

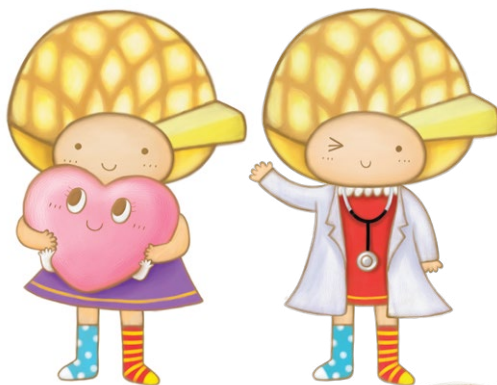
According to the estimation of the Hong Kong Cancer Registry, incidence of ovarian cancer, endometrial cancer and breast cancer will keep ascending to a level we should pay attention to. Women’s cancers rob women of choices and rip families and relationships apart. Therefore, the Department of Obstetrics and Gynecology, LKS Faculty of Medicine, The University of Hong Kong and The Hong Kong Anti-Cancer Society jointly organise the “Care You Deserve” Women’s Cancers Campaign with the aim to raise awareness on women’s cancers. At the same time, also raise funds to support our services to women’s cancer patients.

Women need to work and take care of their families at the same time.

It’s time to CARE for yourself!

It’s time to CARE YOU DESERVE!

Please join us, say NO to women’s cancers!



參與組別 Participating Categories

個人 Individual

最低籌款額 Minimum donation : \$300

小組 Group

每人最低籌款額 Minimum donation per participant: \$400

機構 Organisation

每人最低籌款額 Minimum donation per participant: \$500

獎項 Awards

最高籌募獎（個人或小組）

頒發予首三個籌款額最高的參加者或小組

Top Donor Award (Individual or Group)

For the top 3 individual participants or groups with the highest amount of donation

機構最高籌募獎

頒發予首三個籌款額最高的機構

Top Donor Award (Organisation)

For the top 3 organisations with the highest amount of donation

最鼎力支持大獎

頒發予首三個參與人數最多的隊伍

Most Supportive Award

For the top 3 teams with the most participants

參加者紀念品 Souvenir for Participant

每位參加者可獲得一個「菠蘿包」，當中包括T-shirt、完成步行證書、菠蘿油妹妹健康手冊、毛巾及其他贊助禮物

Each participant will receive a “Bollo Bun” which include T-shirt, Certificate of Participation, Café de Bollo dairy, towel & gifts from sponsors

報名表格 Registration Form

個人資料 Details of Participant

姓 Surname _____ 名 Given Name _____

聯繫電話 Contact Number _____

電郵 E-mail _____

地址 Address _____

機構名稱（如適用） Name of Organisation (If applicable) _____

18歲以下參加者需填妥監護人資料 Mandatory for applicants under 18 years old:
家長/監護人姓名 Parent/Legal Guardian Name _____

家長/監護人簽名 Parent/Legal Guardian Signature _____

緊急聯絡電話 Emergency Contact Number _____

捐款方式 Donation Methods

☐ 信用卡 Credit Car (☐ VISA  ☐ Master )

持卡人姓名（英文） Card Holder's Name _____

信用卡號碼 Card No. _____

有效日期 Expiry Date _____ 月 Month _____ 年 Year

持卡人簽署 Cardholder's Signature _____

☐ 劃線支票 Cheque：抬頭「香港防癌會」並連同表格寄回。
Please make cheque payable to "The Hong Kong Anti-Cancer Society" and mail the cheque with the completed form to us.

☐ 銀行直接存款 Direct Payment
香港防癌會帳戶：匯豐銀行 002-1-141585
請把存款收據副本並於背頁寫上姓名及聯繫電話交回。
Bank account no of The Hong Kong Anti-Cancer Society: HSBC 002-1-141585
Please send us the copy of the transfer slip, with your name and contact number written on the back.

捐款 / 贊助表格 Donation / Sponsorship Form

無論您有否參加慈善步行都歡迎您捐款支持。
Donations from all participants and non-participants are welcomed.

	贊助者姓名 Donor's Full Name (IN BLOCK LETTERS)	贊助金額 Donation Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
合共 Total Amount		

- * 捐款港幣一百元以上可獲發捐款收據，並由參加者代為分發，惟個人資料必須完整及清楚以便安排。
Donation receipts will be issued for donation of HK\$100 or above. The participant is required to distribute the donation receipts. Please note that personal information must be completed and legible to facilitate receipt issuance.
- * 如有需要，請自行影印本表格。 Please make photocopy of this form if needed.

參加者名單 List of Participants

	姓名 Full Name	年齡 Age	聯繫電話 Contact Number	電郵 E-mail	# 恤衫 # T-shirt
1*					
2					
3					
4					
5					
6					
7					
8					
9					
10					

* 為小組組長 *Shall be the group leader
S – XXXL (尺寸表可瀏覽網站 Please refer to website for size chart)

個人資料使用守則 Guideline for Use of Personal Data

請於適當方格內加上剔號以表示您的意願。
Please tick the appropriate box to indicate your preference.

- ☐ 本人**希望**定期收到香港防癌會及香港大學李嘉誠醫學院婦產科學系的資訊。
I **want** to receive newsletters from The Hong Kong Anti-Cancer Society and Department of Obstetrics and Gynecology, LKS Faculty of Medicine, The University of Hong Kong regularly.
- ☐ 本人**不希望**收到香港防癌會及香港大學李嘉誠醫學院婦產科學系的資訊。
I **do not want** to receive newsletters from The Hong Kong Anti-Cancer Society and Department of Obstetrics and Gynecology, LKS Faculty of Medicine, The University of Hong Kong.

表格遞交方式

請將表格及有關存款收據及/或支票透過以下途徑交回：

郵寄地址：香港黃竹坑南朗山道30號香港防癌會

傳真：3921 3822

電郵：careyoudeserve@hkacs.org.hk（只適用於信用卡捐款及銀行直接存款）

Please send the completed form and/or all payment information via the following ways:

Mailing Address: The Hong Kong Anti-Cancer Society, 30 Nam Long Shan Road, Wong Chuk Hang, Hong Kong

Fax: 3921 3822

Email: careyoudeserve@hkacs.org.hk (Credit Card Payment and Direct Payment)