

Official Use Only: Receipt no.: _____



Sir Ellis Kadoorie (S) Primary School

Alumni Association

Donation Form

Cash or cheques payable to SIR ELLIS KADOORIE (S) PRIMARY SCHOOL ALUMNI ASSOCIATION

Name: (Mr/Ms/Mrs*) _____ Sex: M / F*
(*delete as appropriate) (BLOCK LETTER)

Membership Number: SEKSAA- _____ (if applicable)

Telephone: _____ (office/home*) _____ (mobile)
(*delete as appropriate)

Corresponding address: _____

Class of the (last year in school) (Please tick the appropriate one)

40s 50s 60s 70s 80s 90s 2000s 2010s

Donation amount: _____ (Please specify and tick the following)

Cash

Cheque (Cheque No. _____)

Signature: _____ Date: _____

Thank you for your kindness!

Association Phone Number: 2577 3489

Association Fax Number: 2882 4520

Association Address: 9 Eastern Hospital Road, Sookunpo, Hong Kong