

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