

Asian Academy of Family Therapy (AAFT)

Donation Form

Name: _____

Organization / Company: _____

Contact Phone No: _____

Email: _____

Address: _____

I / Our Company would like to donate HKD/USD \$ _____ to support AAFT for :

- | | |
|--|--|
| <input type="checkbox"/> Evidence-based research | <input type="checkbox"/> Trans-disciplinary training |
| <input type="checkbox"/> Clinical Services | <input type="checkbox"/> Annual Fund |

Donation Method :

By crossed cheque (Payable to "Asian Academy of Family Therapy Limited")

Cheque No : _____

Name of Bank: _____

Account Holder Name: _____

*** Please send the cheque to the Asian Academy of Family Therapy at "5/F, Tsan Yuk Hospital, 30 Hospital Road, Sai Ying Pun, Hong Kong". Receipt for donation will be issued for tax exemption purpose.**

Enquiry : (852) 2859 5300

Email : info@acafamilytherapy.org

Fax : (852) 2559 1813

Website : <http://www.acafamilytherapy.org/>