RESERVATION / DONATION FORM

Emeritus Dean & Regent, Chuck Yim Gee Gala Birthday Celebration and Scholarship Benefit for the University of Hawaii School of Travel Industry Management

Saturday, August 17, 2013

Attention : Keith Leung	– Director of Food & Beverage
YMCA of Ho	_
	Road, Tsimshatsui, Kowloon, Hong Kong.
E-mail Address: tim0817@yr	
Fax : (852) 2721 5	5309
Guest Name : Mr/Mrs/Ms _	
	(please print FULL NAME)
Phone No. :	Fax No:
E-mail Address:	
TIM Alumni : Year	Friend of Dean CY Gee Others:
Price Per Person: HK\$1,800	
I would like to attend the fu	undraising concert and dinner
No. of guests:	x HK\$1,800
Total Amount: HK\$	
By Local (Hong Kong) C	Check - Please make check payable to: "YMCA of Hong Kong"
Check No:	
By Credit Card:	
Please fill in the attached o	ed. If yes, please indicate no.:
Note: After deducting the evening	ng expenses, remaining proceeds will go to the Scholarship Fund
YMCA of Hong Kong is collecting	payment on behalf of the organizer and no receipt will be issued
I wish to make donation	
Method of Payments: By U	S Dollars Personal Check (US domestic banks) or
	Pollars Demand Draft (Non US domestic banks)
Amount: US\$	
	(Check payable to: "University of Hawaii Foundation)
Please write a notation "Chuck Y	im Gee AP TIM Scholarship Fund"at back of the check
Donation Receipt Required:	NO YES (to be issued by University of Hawaii Foundation)
Receipt Mailing Address:	
Confirmation Slip: (For Official Us	se Only)
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This is to confirm the payment is well received by the YMCA of Hong Kong for above reservation / donation for the captioned event.

Date:

Confirmed By:

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CREDIT CARD PAYMENT INSTRUCTION

I hereby authorize **YMCA of Hong Kong** to debit my credit card in the amount of

нк\$		for:				
	_	awaii		Trave	l Industry	enefit for the Management
Visa	{	}	Master Card	} t	}	
American Express	s {	}	JCB	{	}	
Card Holder Nam	e:			orint FULL	- NAME)	
Card Number:						
Expiry Date:						
Signature of Cred	lit Card H	lolder	_ D	ate		