



香港中文大學藝術行政主任辦公室
The Office of the Arts Administrator
The Chinese University of Hong Kong

**Co-organised by the Art of Fong Yim Fun Sustainability Project of Shaw College and
the Office of the Arts Administrator, The Chinese University of Hong Kong**

Tolo Lyrics Cantonese Operatic Song Fund-Raising Singing Concert 2026

Date & Time: 7:15 p.m. on 20 May 2026 (Wednesday)

Venue: Sir Run Run Shaw Hall, CUHK

Reply Slip

Please return the cheque / screen capture of transfer record / ATM customer advice (if applicable) together with
this reply slip to Shaw College, CUHK (Mail: LG1, Wen Lan Tang, Shaw College, CUHK
(Please mark “Tolo Lyrics Cantonese Operatic Song Fund-Raising Singing Concert” on envelope) /
Fax: 2603 5427 / Email: kannachan@cuhk.edu.hk)

Personal Particulars

Name : _____ (Chinese) _____ (English)

Department /Unit (if applicable) : _____ Contact Number : _____

Mailing Address : _____

Email Address : _____

Identity: CUHK staff / student / alumnus / others: _____ (please circle the applicable identity)

Ticket Request and Donation

I would like to request _____ tickets for the *Tolo Lyrics Cantonese Operatic Song Fund-Raising Singing Concert 2026*
(maximum 4 tickets per person), and donate **HK\$** _____ in support of Shaw College. (*A tax-deductible receipt
will be issued for donations of HK\$100 or above.*)

Name on donation receipt : _____ (in English)

Donation Methods (Please ✓ the appropriate box)

- ☐ Cash donation on the event day
☐ Faster Payment System (FPS) / Online Banking / ATM Transfer

Name of bank account holder: _____ (Please kindly fill in for the Finance
Office to check the transaction records)

Bank Name: Hang Seng Bank Limited

Bank Code: 024

Account Name: The Chinese University of Hong Kong

Account Number: 293-005005-001 (HKD)

**Please submit a screen capture of transfer record (showing the transaction date) or the ATM customer advice together
with this reply slip to Shaw College, CUHK.**

- ☐ Crossed Cheque (Payable to “The Chinese University of Hong Kong”)

Cheque Number: _____

- ☐ Credit Card ☐ Visa ☐ MasterCard

Cardholder's Name: _____

Card Number: _____ Expiry Date: _____ (mm/yy)

I hereby authorize Shaw College of CUHK to debit the above donation amount from the above credit card.

Cardholder's Signature: _____ Date: _____