



## 九龍樂善堂 X 《九龍城寨之圍城》慈善首映禮

### Lok Sin Tong Charity Gala Premiere – “Twilight of the Warriors: Walled In”

#### 貴賓門票領取授權書

#### Authorization Letter (Limited Charity Gala Premiere Tickets)

致：九龍樂善堂 企業資源拓展部

The Lok Sin Tong Benevolent Society, Kowloon - Corporate Resource Development Department

電話 Tel : 2272-9808

傳真 Fax : 2382-1811

電郵 Email : dontation@loksintong.org

地址 Address : 九龍城龍崗道 61 號 (61 Lung Kong Road, Kowloon City)

#### 領取安排 Collection In Person Arrangement

如捐款人未能親身領取，請填妥此授權書，請受委託人帶同已簽署之貴賓門票領取授權書及委託人身份證副本代領。

If donors cannot collect in person, please fill in this authorization letter to authorize a representative to collect the tickets on your behalf. Your representative should submit a signed authorization letter together with a photocopy of your Hong Kong Identity Card to Lok Sin Tong for verification.

當日於會場領取 Collect at MCL MOVIE TOWN, New Town Plaza

領取日期： 2024年4月25日(星期四)

Collection Date: 25 April 2024 (Thur)

領取時間： 下午4時至晚上7時15分

Collection Time: 4:00pm to 7:15pm

領取地址： MOVIE TOWN戲院 L2樓層 (新界沙田新城市廣場第1期)

Collection Address: MOVIE TOWN L2 (Phase 1, New Town Plaza, Shatin, New Territories)

#### 授權書 Authorization Letter

本人\_\_\_\_\_ (捐款人姓名) 現授權\_\_\_\_\_ (代領人姓名)\_\_\_\_\_ (身分證編號首 4

位數字) 代本人領取貴賓門票。I, \_\_\_\_\_ (Name of donor), hereby authorize \_\_\_\_\_

(Name of authorized person), identified by \_\_\_\_\_ (First 4 id number), to collect my Limited Charity Gala

Premiere Tickets.

捐款人姓名 : \_\_\_\_\_ 代領人姓名 : \_\_\_\_\_  
Name of donor : \_\_\_\_\_ Name of authorized person : \_\_\_\_\_

簽署 : \_\_\_\_\_ 簽署 : \_\_\_\_\_  
Signature : \_\_\_\_\_ Signature : \_\_\_\_\_

日期 : \_\_\_\_\_ 日期 : \_\_\_\_\_  
Date : \_\_\_\_\_ Date : \_\_\_\_\_