

**Holy Family School (Notice 1657)**  
**Orbis Blindfold Lunch**

Dear Parents / Guardians of Primary 3 to 6 students,

14<sup>th</sup> February, 2017

Nowadays, it's not easy for the students in Hong Kong to learn how to share things and treasure what they have as we are living in our prosperous society. Therefore, we will hold an activity called "Orbis Blindfold Lunch" which is sponsored by "AXA Hong Kong". Students will be blindfolded when they are having their lunch. It allows students to experience how the blinds live and learn to be grateful that they can see. We hope the students will learn to treasure their eyesight after the activity. They will also learn how to help the people in need. The arrangements are as follows:

Date	: 6 <sup>th</sup> March, 2017 (Monday)
Time	: 1:05p.m.- 1:35p.m. (Lunch time)
Venue	: Classrooms
Target	: Primary 3 to 6 students
Remarks	: 1. For donation over \$30, students will get an eye mask and one Braille bookmark. 2. For donation over \$100, a tax receipt will be issued. A donation of \$300 will sponsor one child from a third world country to receive cataract removal surgery.

Our school and Orbis appreciate your support of this meaningful activity. Your support will help to give the blinds in the world a chance of a new life.

Please hand in the reply slip to the class teacher. Any enquiries, please call Miss Chan Hoi Ying on 2983-0785. Thank you for your attention.

Yours faithfully,



*Ng Lai Ying*  
\_\_\_\_\_  
Ng Lai Ying  
Principal

**Orbis Blindfold Lunch Reply Slip (1657)**

Class No. (    )

Dear Principal,

I have read your school circular (1657).

I \*  agree my child to join the "Orbis Blindfold Lunch". I would like to donate \$ \_\_\_\_\_ ( cash / \* cheque)

\* Crossed cheque ( Cheque no. \_\_\_\_\_ )

( Please make the cheque payable to "Project Orbis International, Inc." )

Please also write student's name and class at the back of the cheque)

Please issue a receipt addressed to \_\_\_\_\_.

(Tax receipts are issued for donation of \$100 or more.)

I \*  do not agree my child to join the activity.

Name of student : \_\_\_\_\_ (P.    )

Parent's Signature : \_\_\_\_\_

Name of Parent : \_\_\_\_\_

Telephone Number : \_\_\_\_\_

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

(\* Tick the appropriate box)