

「捐」滴成流 每月捐款計劃捐款表格

"Every Dollar Counts" Monthly Donation Form



請在適當空格內加上「✓」號
Please tick as appropriate

善長資料 Donor's Information

善長芳名 Name of Donor: _____

先生 / 女士 / 太太 / 公司 / 團體 / 基金 / 教堂
 Mr / Ms / Mrs / Company / Group / Foundation / Church

電話 Tel. no: _____ 傳真 Fax: _____

電郵 Email: _____

地址 Address: _____

捐款方法 Donation Method

銀行戶口每月自動轉賬授權書 Authorisation for Bank Account Monthly Auto-Pay

收款之一方 (受益人) Name of party to be credited (The Beneficiary)			
香港聖公會福利協會有限公司 Hong Kong Sheng Kung Hui Welfare Council Limited			
銀行編號 Bank No. 0 1 5	分行編號 Branch No. 5 1 4	收款賬戶號碼 A/C No. to be credited 1 0 4 0 7 7 6 6 1	
本人(等)之銀行及分行之名稱 My/Our Bank Name and Branch		本人(等)在結單/存摺上所列之賬戶名稱 My/Our A/C Name as recorded on Statement/Passbook	
銀行編號 Bank No.	分行編號 Branch No.	本人(等)之賬戶號碼 My/Our A/C No.	到期日 (註1) Expiry Date (Note 1)
本人(等)之地址 My/Our Address		債務人之姓名 (如有) 及參考編號 (註2) Name of Debtor if other than Account Holder (if any) and Reference No. (Note 2)	每次付款之金額 Amount for Each Payment
以下由銀行填寫 Bank Use Only		本人(等)之簽名 My/Our Signature(s)	日期 Date
附註 Note: i 本授權書將於「到期日」一欄中所填寫之日期自動撤銷。如貴戶意欲本授權書無限期有效 (或直至貴戶予以撤銷為止), 則請將該欄留空。 This Authorisation will be cancelled automatically on the date specified in the box marked "Expiry Date". If you wish the Authorisation to have effect indefinitely (or until cancelled by you), please leave the box blank. ii 在債務人之欄內, 請將貴戶與受款一方之關係說明, 如合約號碼。 In the box marked "Debtor", please enter the identifying reference between yourself and the party to be credited e.g. agreement number.			

- 本人(等)現授權本人(等)之上述銀行(根據受益人不時給予本人(等)銀行之指示), 自本人(等)之賬戶內轉賬予上述受益人。惟每次轉賬金額不得超過以上指定之限額。
I/We hereby authorize my/our above named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated above.
- 本人(等)同意本人(等)之銀行毋須證實該等轉賬通知是否已交予本人(等)。
I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.
- 如因該等轉賬而令本人(等)之賬戶出現透支 (或令現時之透支增加), 本人(等)願共同及個別承擔全部責任。
I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).
- 本人(等)同意如本人(等)之賬戶並無足夠款項支付該等授權轉賬, 本人(等)之銀行有權不予轉賬, 且銀行可收取慣常之收費, 並可隨時以一星期書面通知取消本授權書。
I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and cancel this Authorisation at any time on one week's written notice.
- 本授權書將繼續生效直至另行通知為止或直至上列到期日為止 (以兩者中最早之日期為準)。
This Authorisation shall have effect until further notice or until the above specified expiry date (whichever shall first occur).
- 本人(等)同意, 本人(等)取消或更改本授權書之任何通知, 須於取消/更改生效日最少兩個工作天前交予本人(等)之銀行, 並同時通知上述受益人。
I/We agree that any notice of cancellation or variation of this Authorisation shall be given to my/our Bank and the beneficiary at least two working days prior to the date on which such cancellation/variation is to take effect.
- 本人(等)確認本人(等)在此授權書上的簽名與本人(等)用以轉賬的戶口的簽名相同。
I/We confirm my/our signature(s) on this Authorisation is/are the same as the signature(s) of my/our Bank account given above.

只供內部填寫 For internal use only:

信用卡 Credit Card# VISA MASTERCARD
持卡人姓名 Name of Cardholder: _____ 信用卡號碼 Credit Card No.: _____

發卡銀行 Issuing Bank: _____ 有效日期 Expiry Date: _____月 MM/ _____年 YY

定額捐款到期日 Expiry date of regular donation: _____
[如閣下意欲本交易指示無限期有效 (或直至閣下予以撤銷為止), 則請將該欄留空。
If you wish this instruction to have effect indefinitely (or until cancelled by you), please leave the field blank.]

持卡人簽署 Signature of Cardholder: _____

- 本人(等)確認本人(等)在此授權書上的簽名與本人(等)上述之信用卡上的簽名完全相同。
I/We confirm my/our signature(s) on this Authorisation is/are the same as the signature(s) on my/our credit card given above.
- 本人現授權香港聖公會福利協會有限公司由本人之信用卡賬戶內定期扣除下述之款項, 直至上述之定額捐款到期日或另行通知為止。(以兩者中最早之日期為準)。
I/We hereby authorize Hong Kong Sheng Kung Hui Welfare Council Limited to charge my card account for the relevant amounts specified below. The Authorisation shall have effect until the given expiry date of regular donation or further notice, (whichever shall first occur).
- 在本人進行定額捐款期間, 本人同意此授權書於本人之信用卡有效期後及獲續發新卡時繼續生效, 並無須另行填寫通知書。如須取消或更改本授權書, 需於取消或更改生效日期最少7個工作天前以書面通知香港聖公會福利協會有限公司。
I/We agree that this Authorisation shall have effect after the expiry date of the credit card and the issue of the replacement card, and renewed Authorisation form will be required when the regular donation is effective. I/We agree that any written notice of cancellation or variation of this Authorisation shall be given at least 7 working days before such cancellation/variation is to take effect.

我們可能將有關資料提供予第三方服務供應商進行有關運作, 但所有資料均絕對保密。
We may furnish your data on a strictly confidential basis to third parties who provide service to us in relation thereto.

捐款資料 Donation Information

本人/吾等樂意每月定額捐款以支持香港聖公會福利協會有限公司各項服務及事工。

I/We would like to make **monthly donation** to support Hong Kong Sheng Kung Hui Welfare Council Limited's various services and projects.

每月捐款金額 Monthly Donation Amount

HK\$1,000 HK\$500 HK\$200 HK\$100 HK\$ _____

捐款滿港幣\$100可申請免稅, 請發捐款收據。(為節省行政資源, 總捐款額收據將於每年財政年度完結後寄發。)
Donation of HK\$100 or above is tax deductible. Please issue receipt. (To save our administrative resources, official receipt for the total donation will be issued at the end of each fiscal year.)

收據芳名 Name on receipt _____

支持特定服務類別 Support a particular service or project:

- | | |
|--|--|
| <input type="checkbox"/> 一般捐款 General Donation | <input type="checkbox"/> 基層兒童 Children from Low-income Families |
| <input type="checkbox"/> 青少年及家庭服務 Youth and Family Services | <input type="checkbox"/> 扶貧及食物援助 Poverty Alleviation and Food Assistance |
| <input type="checkbox"/> 喪親家屬支援服務 Bereavement Support Services | <input type="checkbox"/> 特殊學習需要服務 Special Educational Needs Services |
| <input type="checkbox"/> 安老服務 Elderly Services | <input type="checkbox"/> 復康服務 Rehabilitation Services |
| <input type="checkbox"/> 中風復康慈惠基金 Stroke Rehabilitation Charity Fund | <input type="checkbox"/> 醫療康健服務 Medical and Wellness Services |
| <input type="checkbox"/> 其他 Others _____ | |

(如有指定用途, 請註明 Please specify if you wish to donate for specified items/projects)

收集個人資料聲明 Personal Information Collection Statement

香港聖公會福利協會有限公司(「福利協會」)擬使用您的個人資料, 包括姓名、地址、電話、傳真及電郵, 通知您有關福利協會的各項籌款活動、定期通訊、義工服務及收集意見等。如您不同意上述安排, 請在以下空格內加上「✓」。您有權向福利協會查詢、更改或要求停止使用您的個人資料作上述推廣用途。如要向福利協會提出查詢資料要求, 請以傳真(2523 4921)或電郵(donation@skhwc.org.hk)方式向福利協會資源發展部了解及查詢。
Hong Kong Sheng Kung Hui Welfare Council Limited ("Welfare Council") intends to use your personal data including your name, address, telephone no., fax no. and email to keep you posted on the Welfare Council's fundraising events, newsletters, volunteer services and surveys to collecting opinions. If you do not agree to the use of your personal data for the above purposes, please indicate by putting a tick in the box below. You have the right to access, correct and request the Welfare Council to stop using your personal data for the above purposes. You could make your data access request to our Resources Development Department by fax (2523 4921) or by email (donation@skhwc.org.hk).

本人/吾等不同意香港聖公會福利協會有限公司使用本人/吾等的個人資料作上述推廣用途。
I/We do not agree to the use of my/our personal data by Hong Kong Sheng Kung Hui Welfare Council Limited for the above promotional purposes.

本人/吾等已閱讀、了解及接納香港聖公會福利協會有限公司有關收集及使用個人資料的聲明。
I/We have read, understood and accepted the statement regarding the collection and use of personal data by Hong Kong Sheng Kung Hui Welfare Council Limited.

簽署 Signature: _____ 日期 Date: _____

表格遞交 Submission of Donation Form

請填妥捐款表格並郵寄、傳真或電郵至本會資源發展部。

Please return the completed donation form to our Resources Development Department by mail, fax or email.

地址: 香港灣仔堅尼地道112號12樓
Address: 12/F, 112 Kennedy Road, Wanchai, Hong Kong
查詢電話 Enquiry: 2533 1296
傳真 Fax: 2523 4921
電郵 Email: donation@skhwc.org.hk