

我願意捐助「智行基金會」愛滋遺孤計畫  
YES! I WANT TO SUPPORT CHI HENG  
FOUNDATION'S WORK ON AIDS ORPHANS  
PROJECT

每月捐款額  Monthly donation

一次性捐款  One-off donation

HK\$  250  500  1,000  其他 Other: \_\_\_\_\_

捐款人資料 Donor's Information

(Please write in BLOCK letters. 請以英文正楷填寫)

姓氏 Surname: \_\_\_\_\_ (先生 Mr. / 小姐 Miss / 太太 Mrs.)\*

名字 First name: \_\_\_\_\_ 中文名: \_\_\_\_\_

職業 Profession: \_\_\_\_\_ 出生年份 Year of birth: \_\_\_\_\_

電話 Tel No.: \_\_\_\_\_ (手提 Mobile) \_\_\_\_\_ (住宅 Home) \_\_\_\_\_ (辦公室 Office)

電郵地址 Email: \_\_\_\_\_

通訊位址 Mailing address: \_\_\_\_\_

室 Unit/ Flat \_\_\_\_\_ 樓數 Floor \_\_\_\_\_ 座 Block/ Tower \_\_\_\_\_

大廈名稱 Building name \_\_\_\_\_ 屋名稱 Estate name \_\_\_\_\_

街道號碼 Street no. \_\_\_\_\_ 街道名稱 Street name \_\_\_\_\_

區域 District \_\_\_\_\_ 香港 HK / 九龍 KLN / 新界 NT\*

Your personal data will only be used for receipting, fundraising and communication purposes only.

你的個人資料只限用於開發收據、募捐及組織之通訊。

捐款方法 Donation Method

信用卡 By credit card: VISA / MASTER \*

信用卡號碼 Card No.: \_\_\_\_\_

持卡人姓名 Cardholder's name: \_\_\_\_\_

到期日 Expiry date\*\*: \_\_\_\_\_

持卡人簽名 Cardholder's signature: \_\_\_\_\_

\*\* 每月捐款將在信用卡到期後自動延續 Valid including after expiry date until further notice.

銀行自動轉賬 By bank autopay

(請填妥右面之表格 Please fill in the form on the right)

- 恕不接受現金捐款 No cash donation is accepted.
- 捐款一百元或以上可申請免稅 All donations of \$100 or above are tax deductible.

# Please write in Block Letters. # 請以英文正楷填寫

自動轉賬授權書 Direct Debit Authorisation Form

Name of Party to be Credited (The Beneficiary) 收款之一方(受益人) <b>Chi Heng Foundation Ltd</b> 智行基金會有限公司	Bank No 銀行編號 <b>004</b>	Branch No 分行編號 <b>502</b>	Account No 帳戶號碼 <b>199813001</b>
---	-------------------------------	---------------------------------	--

My/Our Bank Name and Branch 本人/吾等之銀行及分行之名稱	Bank No. 銀行編號	Branch No. 分行編號	Account No. 賬戶號碼
# My/Our Name(s) as recorded on Statement/Passbook 本人/吾等在結單/存摺上所紀錄之名稱			Contact Tel No. 聯絡電話號碼
My/Our Address as recorded on Statement/ Passbook 本人/吾等在結單/存摺上所紀錄之地址			※ Limit for Each *Payment / Month 每次/月付款之限額
※ Expiry Date 到期日 Day 日 Mnt 月 Year 年	※ My / Our Signature(s) 本人/吾等之簽名		Date 日期

For official use only 由本會及銀行填寫

※ Debtor's Reference	Remarks	Signature Verified
----------------------	---------	--------------------

- I/We hereby authorise my/our below 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 and/or its banker from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below. 本人(等)現授權本人(等)的上述銀行, (根據受益人或其往來銀行不時給予本人(等)銀行的指示)自本人(等)的戶口內轉賬予上述受益人。惟每次轉賬金額不得超過以下指定的限額。
- 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. 本人(等)同意本人(等)的銀行毋須證實該等轉賬通知是否已交予本人(等)。
- 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). 如因該等轉賬令本人(等)的戶口出現透支(或令現時的透支增加), 本人(等)願共同及各別承擔全部責任。
- I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorised, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank make the usual charge and that it may cancel this authorisation at any time on one week's written notice. 本人(等)同意本人(等)之戶口並無足夠款項支付該等授權轉賬, 本人(等)的銀行有權不予轉賬, 且有權收取償常之收費, 並可隨時以一星期書面通知取消本授權書。
- This authorisation shall have effect until further notice or until the expiry date written below (which ever first occur). I/We agree that if no transaction is performed on my/our account under such authorization for a continuous period of 2 years, my/our Bank reserves the right to cancel the direct debit arrangement without prior notice to me/us, even though the authorization has not expired or there is not expiry date for the authorization. 本授權書將繼續生效直至另行通知為止或直至下列到期日為止(以兩者中最早的日期為準), 本人(等)同意如本人(等)已設立的直接付款授權的戶口連續兩年內未有根據本授權而作出過賬的紀錄, 本人(等)的銀行保留權利取消本直接付款安排而毋須另行通知本人(等), 即使本授權書並未到期或未有注明授權到期日。
- I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect. 本人(等)同意, 本人(等)取消或更改本授權書的任何通知, 須於取/更改日最少兩個工作天之前交予本人(等)的銀行。

※Notes 附注:

If the amount of your payments are likely to vary each time, set the Limit for Each Payment at the maximum amount you would expect to pay at any one time.

如雲端付款之數額每次可能不相同, 則將最高者定為每次付款之最高限額。

This Direct Debit Authorisation will be cancelled automatically on the date included in the box marked "Expiry Date". If you wish the Direct Debit Authorisation to have effect indefinitely (or until cancelled by you) please leave box blank.

本直接付款授權書將於「到期日」一欄中所填寫之日期自動撤銷。如貴戶意欲直接付款授權書無限期有效(或直至貴戶予以撤銷為止), 則將該欄留空。

Please ensure that you sign the form in the usual way that you would sign on your Bank Account.

請保證貴戶在此授權書內之簽名, 與銀行帳戶所簽者完全相同。

If "Limit for Each Payment/Month" is not specified, the debtor's bank will set the limit as "unlimited".

如「每次月付款的限額」一欄未有填上, 債務銀行會將轉賬限額設定為「不設上限」。

In the box marked "Debtor's Reference" enter the identifying reference between yourself and the party to be credited i.e. Student No., Mortgage Agreement No., Rental Agreement No., etc.

在債務人之參考欄內, 請將貴戶與收款一方之關係, 略予說明, 例如學生編號, 抵押合約號碼等。

謝謝閣下對智行基金會的支持

Thank you for your time and generosity in supporting Chi Heng Foundation

於首次捐款過賬後，隨後之捐款會於每月 10 號進行。

After the first deduction, subsequent deductions will be made before the 10<sup>th</sup> of every month for the following months.

每月之捐款將顯示于閣下之銀行或信用卡月結單上。閣下于每年四月初會收到由智行基金會寄出之全年捐款收據，該收據證明閣下于該年度至 3 月 31 日之捐款，閣下可向稅局申請稅務減免。

Chi Heng Foundation will not provide receipts for monthly deductions. Please refer to your bank statements for confirmation of payments. You will receive a tax-exempt receipt from Chi Heng Foundation at the beginning of April every year for donations received for the previous year up to March 31.

閣下如欲更改每月捐款之安排，請於下期捐款前之 30 日以書面通知智行基金會，

地址：香港郵政信箱 3923 號。

If you want to change any arrangements of your monthly donation, please provide a 30-day written notice prior to your next donation deduction date. Please write to us at G.P.O. Box 3923, Central, HK.

如閣下不想收到本會郵寄之通訊，請書面通知我們，地址同上。

If you don't want to receive future mailings from us, please inform us by writing to the above address.

地址 Address：香港郵政信箱 3923 號 G.P.O. Box 3923, Central, Hong Kong

電話 Phone：(852) 2517 0564 傳真 Fax：(852) 2517 0594

電郵 Email：info@chihengfoundation.com 網址 Web site：http://www.chfaidsorphans.com

辦公時間 Office hours: 星期一至五 Mon – Fri 9:00 a.m. – 5:00 p.m.