

我愿意捐助「智行基金会」艾滋遗孤计划

YES! I WANT TO SUPPORT CHI HENG FOUNDATION'S
WORK ON AIDS ORPHANS PROGRAM

每月捐款额 Monthly donation

一次性捐款 One-off donation

HK\$ 250 500 1,000 其他 Other: _____

捐款人资料 Donor's Information
(Please write in BLOCK letters. 请以正楷填写)

姓氏 Surname: _____ (先生Mr/ 小姐Miss / 太太Mrs/ Ms女士) *

名字 First name: _____ 中文名: _____

職業 Profession: _____ 出生年份 Year of birth: _____

电话 Tel No.: _____ (手提 Mobile) _____ (住宅 Home)
_____ (办公室 Office)

电邮地址 Email: _____

通讯地址 Mailing address: _____

室 Unit/ Flat 楼数 Floor 座 Block/ Tower

大厦名称 Building name 屋苑名称 Estate name

街道号码 Street no. 街道名称 Street name
_____ 香港 HK / 九龙 KLN / 新界 NT *

区域 District

Your personal data will only be used for receipting, fundraising and communication purposes only.
你的个人资料只限于开发收据、募捐及组织之通讯。

捐款方法 Donation Method

信用卡 By credit card: VISA / MASTER *

信用卡号码 Card No.: _____

持卡人性名 Cardholder's name: _____

到期日 Expiry date**: _____

持卡人签名 Cardholder's signature: _____

** 每月捐款将在信用卡到期后自动延续 Valid including after expiry date until further notice.

银行自动转账 By bank autopay

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

- 恕不接受现金捐款 No cash donation is accepted.
- 捐款一百元以上可申请免税 All donations of \$100 or above are tax deductible.

您的个人资料绝对保密。为了与您保持联系，我们可能会使用您的个人资料，向您提供本会的工作及活动消息。如您不愿意收到上述通讯，请在下面的方格上填上剔号。你亦可以随时以邮寄方式或电邮至 info@chihengfoundation.com，通知我们停止接收有关信息。All data will be kept strictly confidential. To allow us to stay in contact with you, we may use your personal information to inform you about CHF works & activities updates. If you do not agree to being contacted for these purposes, please tick the box below. You may choose to stop receiving such information at any time by post or email to info@chihengfoundation.com.

我不愿意收到上述有关智行基金会的通讯及资料。
I do not wish to receive such materials and communications from CHF.

自动转账授权书 Direct Debit Authorisation Form

Name of Party to be Credited (The Beneficiary) 收款一方(受益人) Chi Heng Foundation Ltd 智行基金会有限公司	Bank No 银行编号 004	Branch No 分行编号 502	Account No 帐户号码 199813001
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My/Our Bank Name and Branch 本人/吾等之银行及分行之名称	Bank No. 银行编号	Branch No. 分行编号	Account No. 帐户号码
# My/Our Name(s) as recorded on Statement/Passbook 本人/吾等在结单/存折上所纪录之名称			Contact Tel No. 联络电话号码
My/Our Address as recorded on Statement/ Passbook 本人/吾等在结单/存折上所纪录之地址			※ Limit for Each *Payment/ Month 每次/月付款之限额
※ My / Our Signature(s) 本人/吾等之签名			※ Expiry Date 到期日 (Day 日 Month 月 Year 年)
Date Signed 签署日期			

For office use only 由本会及银行填写

※ Debtor's Reference	Remarks	Signature Verified
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- 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)现授权本人(等)的上述银行, (根据受益人或其往来银行不时给予本人(等)银行的指示)自本人(等)的户口内转账予上述受益人。惟每次转账金额不得超过以下指定的限额。
- 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)的银行毋须证实该等转账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). 如因该等转账令本人(等)的户口出现透支(或令现时的透支增加), 本人(等)愿共同及各别承担全部责任。
- 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)之户口并无足够款项支付该等授权转账, 本人(等)的银行有权不予转账, 且有权收取惯常之收费, 并可随时以一星期书面通知取消本授权书。
- 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. 本授权书将继续生效直至另行通知为止或直至下列到期日为止(以两者中最早的日期为准)。本人(等)同意如本人(等)已设立的直接付款授权的户口连续两年内未有根据本授权而作出过账的纪录, 本人(等)的银行保留权利取消本直接付款安排而毋须另行通知本人(等), 即使本授权书并未到期或未有注明授权到期日。
- 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)取消或更改本授权书的任何通知, 须于取/更改日最少两个工作天之前交予本人(等)的银行。

※ 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.
如台端付款之数额每次可能不相同, 则将最高者定为每次付款之最高限额。

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.
本直接付款授权书将于「到期日」一栏中所填写之日期自动撤销。如贵户意欲直接付款授权书无限期有效(或直至贵户予以撤销为止), 则将该栏留空。

Please ensure that you sign the form in the usual way that you would sign on your Bank Account.
请保证贵户在此授权书内之签名, 与银行帐户所签者完全相同。

If "Limit for Each Payment/Month" is not specified, the debtor's bank will set the limit as "unlimited".
如「每次/月付款的限额」一栏未有填上, 债务银行会将转账限额设定为“不设上限”。

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.
在债务人之参考栏内, 请将贵户与收款一方之关系, 略予说明, 例如学生编号, 抵押合约号码等。

Please ensure that you sign the form in the usual way that you would sign on your Bank Account.
请保证贵户在此授权书内之签名, 与银行帐户所签者完全相同。

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* 请删除不适用选项 * Please delete inappropriate item

谢谢阁下对智行基金会的支持
Thank you for your time and generosity in supporting Chi Heng Foundation

于首次捐款过账后，随后之捐款会于每月 10 号或前后透过银行自动转账进行，或于每月的最后一星期内透过信用卡过数。

After the first deduction, subsequent deductions by bank autopay will be made around the 10th of every month for the following months; or by credit card will be made within the last week of every month for the following months.

每月之捐款将显示于阁下之银行或信用卡月结单上。阁下于每年四月初会收到由智行基金会寄出之全年捐款收据，该收据证明阁下于该年度至 3 月 31 日之捐款，阁下可向税局申请税务减免。

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.

阁下如欲更改每月捐款之安排，请于下期捐款前之 30 日以书面通知智行基金会，
地址：香港邮政信箱 3923 号。

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.

如阁下不想收到本会邮寄之通讯，请书面通知我们，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：香港邮政信箱 3923 号 G.P.O. Box 3923, Central, Hong Kong

电话 Phone：(852) 2517 0564 传真 Fax：(852) 2517 0594

电邮 Email：info@chihengfoundation.com 网址 Web site：www.chihengfoundation.com

办公时间 Office hours: 星期一至五 Mon – Fri 9:00 a.m. – 5:00 p.m.