

我願意捐助「智行基金會」愛滋遺孤計劃

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

每月銀行自動轉賬捐款金額

Monthly donation amount by bank autopay

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

捐款人資料 Donor's Information (請以正格填寫 Please write in BLOCK letters)		
姓氏 Surname: _____ 先生Mr 小姐Miss 太太Mrs 女士Ms		
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		屋苑名稱 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		

(請填妥右面之授權書表格 Please fill in the Direct Debit Form on the right)

捐款一百元以上可申請免稅

All donations of \$100 or above are tax deductible.

**個人資料收集聲明:**

智行基金會可能會使用閣下的個人資料通過郵件、電郵或電話等方式發出收據，信件或證書，進行數據分析，以及提供本機構的定期通訊，服務資訊和籌款活動等訊息。除了我們的員工，指定的志願者和處理付款或其他必要功能的機構外，我們絕不會向第三方出售或提供您的資料。

閣下所提供的個人資料，純屬自願。如未能提供足夠資料，有關的捐款有可能延誤甚至無法完成。您有權隨時向本機構查詢、更新或要求停止使用您的個人資料作上述用途，請電郵至 [info@chihengfoundation.com](mailto:info@chihengfoundation.com)，或郵寄到香港郵政信箱 3923 號，聯繫我們的辦公室經理。

**Personal Information Collection Statement:**

CHF may use your contact information to issue receipts, letters and certificates, conduct donor analysis and communicate with you for newsletters, marketing materials and update of our services and fundraising activities through direct mailing, email, telephone etc. We will not sell and/or provide your personal data to any third party other than our staff, appointed volunteers and institutions who process payment and other necessary functions.

The provision of personal data is purely voluntary, however, the donation may be delayed or cannot be processed if data is insufficient. You have the right to access, update and request CHF to stop using your personal data for the above purposes by notifying the office manager with email to [info@chihengfoundation.com](mailto:info@chihengfoundation.com) or by mail to G.P.O. Box 3923, Central, HK.

我不願意收到上述有關智行基金會的通訊及資料。

I do not wish to receive such materials and communications from CHF.

自動轉賬授權書 Direct Debit Authorisation Form

收款之一方(受益人) 智行基金會有限公司 Name of Party to be Credited (The Beneficiary) Chi Heng Foundation Ltd	銀行編號 Bank No 004	分行編號 Branch No 502	帳戶號碼 Account No 199813001
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本人/吾等之銀行及分行之名稱 My/Our Bank Name and Branch	銀行編號 Bank No.	分行編號 Branch No.	賬戶號碼 Account No.
本人/吾等在結單/存摺上所紀錄之名稱 My/Our Name(s) as recorded on Statement/Passbook			聯絡電話號碼 Contact Tel No.
本人/吾等在結單/存摺上所紀錄之地址 My/Our Address as recorded on Statement/Passbook			※每次/月付款之限額 Limit for Each Payment/Month
※本人/吾等之簽名 My / Our Signature(s)			※到期日 Expiry Date (Day Month Year)
簽署日期 Date Signed			

由本會及銀行填寫 For office use only

※ Debtor's Reference	Remarks	Signature	Verified
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- 本人(等)現授權本人(等)的下述銀行，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 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)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 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 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 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)已設立之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。  
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。  
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.

※ 附註 Notes :

如臺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。

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.

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。

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.

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。

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

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」。

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

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

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 號或前後透過銀行自動轉帳進行。  
After the first deduction, subsequent deductions by bank autopay will be made around the 10<sup>th</sup> of every month for the following months.

每月之捐款將顯示於閣下之銀行月結單上。閣下於每年四月初會收到由智行基金會寄出之全年捐款收據，該收據證明閣下於該年度至 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.

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

電郵 Email : [info@chihengfoundation.com](mailto:info@chihengfoundation.com) 網址 Web site : <http://chihengfoundation.com/>

辦公時間 Office hours: 星期一至五 Mon – Fri 9:00 a.m. – 6:00 p.m.