聖公會聖基道兒童院
S.K.H. St. Christopher's Home
同行有愛 傳承希望

(06/2018 修訂)

捐款表格

☐ **我樂意參加「樂樂」「遙遙」助養計劃**
(以助養全院所有兒童模式進行，助養費每月最少 80 元，最少助養一年，助養人將獲贈「樂樂」「遙遙」紀念品一份，並有機會親自關懷本院兒童。)

按月捐款：☐ $300 ☐ $200 ☐ $100 ☐ 其他$_____ (只限以信用卡或自動轉賬捐款)

按年捐款：☐ $3,600 ☐ $2,400 ☐ $1,200 ☐ 其他$_____

「樂樂」「遙遙」紀念品：☐ 請寄給我 ☐ 不需要

☐ **我樂意一次過捐款予「樂樂」「遙遙」助養計劃基金** ☐ $10,000 ☐ $5,000 ☐ $3,000 ☐ 其他$_____

捐款人資料

姓名: (中文) _____先生/女士 (English) Mr./Ms._____

地址: (請盡量以英文填寫) Room/Flat 室_____ Floor 樓_____ Block/Tower 座_____ Building/Estate 大廈/屋苑_____

Street 街/道_____ District 地區_____ ☐ 香港 ☐ 九龍 ☐ 新界

手提電話*: _____ 其他聯絡電話: _____ 電郵: _____

*為減省行政費，本院將於十個工作天內，透過電話短訊確認收妥此表格。

您的個人資料將絕對保密，只用作邀請參與助養人活動、通訊、籌募、義工招募及收集意見之用途。請以 "✓" 號表示：本人
☐ 同意 / ☐ 不同意聖基道兒童院向我提供上述資料。(如 閣下未有表明是否同意，本院將假定 閣下接受本院向 閣下發出上述資訊，直至另行通知。) 若有任何疑問，請致電3756 4488 與本院聯絡。

請選擇捐款方法:

☐ **信用卡** (可直接傳真填妥表格至: **2520 1725**) ☐ Visa ☐ Master Card

持卡人姓名: _____ 信用卡號碼: |_____|_____|_____|_____|

有效日期至: _____月/_____年(最少兩個月內有效) 持卡人簽署: _____

(若使用信用卡每月定額捐款，本院將按月從以上戶口收取捐款，直至捐助者另行通知。)

☐ **每月自動轉賬** (可減低本院行政開支) 請填妥以下之直接付款授權書，並寄回正本。

☐ **網上捐款** 只適用於以信用卡單次/按年捐款，請登入 www.skhsch.org.hk 網上捐款系統直接捐款。

☐ **7-Eleven 現金捐款** 只適用於單次/按年捐款及現金 100 元至 5,000 元。 (請向收銀員指明捐給「聖公會聖基道兒童院」。)

☐ **劃線支票** 抬頭請寫「聖公會聖基道兒童院有限公司」。

☐ **直接存款** 請存入匯豐銀行戶口 037-002821-001，並請交回銀行入數紙正本及於背頁寫上姓名，聯絡電話及地址。

W-LY-06/18

稅局檔案編號 IR Ref. No.: 91/4261

注意事項:
1. 請在適當空格內☑。
2. 請填妥表格寄回香港北角百福道 21 號香港青年協會大廈 15 樓聖公會聖基道兒童院收或傳真至 2520 1725。
3. 若使用自動轉賬或信用卡每月定額捐款，本院將於每月 28 日從戶口收取捐款，直至捐助者另行通知。全年捐款收據將於每年五月初寄出，以便處理稅務事宜。
4. 凡捐款 100 元或以上，憑收據可申請扣減稅款。 5. 如有疑問，請致電 3756 4488 與本院職員聯絡。

直接付款授權書 Direct Debit Authorization

☑ **我願意以自動轉賬每月定額捐助聖基道兒童院 I would like to donate monthly by autopay**

Name of Party to be Credited (The Beneficiary) 收款的一方(受益人)	Bank No. 銀行號碼	Branch No. 分行號碼	Account No. 戶口號碼
Sheng Kung Hui St. Christopher's Home Limited 聖公會聖基道兒童院有限公司	0 0 4	0 3 7	0 0 2 8 2 1 0 0 1

My/Our Bank Name and Branch 本人(等) 的銀行及分行名稱	Bank No. 銀行號碼	Branch No. 分行號碼	My/Our Account No. 本人(等)的戶口號碼

My/Our Name(s) as recorded on Statement/Passbook # 本人(等)在結單/存摺上所紀錄的名稱

My/Our Address as recorded on Statement/Passbook 本人(等)在結單/存摺上所紀錄的地址

Limit for Each Payment/*Month *每次/月付款之限額	Expiry Date (day/month/year) 到期日 (日/月/年)	My/Our Signature (s) (as signed for bank account) 本人(等)之簽署(銀行戶口簽名)
# Name of Debtor (if other than Account Holder) # 債務人的姓名(若非戶口持有人)		

For Official Use Only 此欄由本院填寫

For Sheng Kung Hui St. Christopher's Home Limited Debtor's Reference 聖公會聖基道兒童院有限公司債務人參考	For Bank Use Only 銀行專用	Authorized Signature with Branch Chop

1. I/We hereby authorize 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 and/or its banker's correspondent 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，(根據收款人或其往來銀行及/或代理行不時給予本人(等)銀行的指示)自本人(等)的戶口內轉賬予上述收款人，惟每次轉賬金額不得超過以上指定的限額。
2. 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)。
3. 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).如因該等轉賬而令本人(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。
4. 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 that it may cancel this authorization at any time on one week's written notice. 本人(等)同意如本人(等)的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，且銀行可收取慣常的收費，並可隨時以一星期書面通知取消本授權書。
5. This direct debit authorization shall have effect until further notice or until the expiry date written above (whichever shall first occur). I/We agree that if no transaction is performed on my/our account under such authorization for a continuous period of 30 months, 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 no expiry date for the authorization.本直接付款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 30 個月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註明授權到期日。
6. I/We agree that any notice of cancellation or variation of this authorization 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，須於取消/更改生效日最少兩個工作天之前交予本人(等)的銀行。

Note 注意事項：
- * Please delete whichever is not appropriate. *請劃去不適用者。
- # Please write in Block Letters. 請以英文正楷填寫。
- It takes the bank almost 2 months to process your first donation. 銀行處理首次捐款需時約兩個月。
- In case of any amendment(s)/correction(s) on the form, please sign next to it.表格上資料如有任何更改，請在旁簽名為憑。

聖公會聖基道兒童院有限公司 Sheng Kung Hui St. Christopher's Home Limited
地址 Address: 15/F, The Hong Kong Federation of Youth Groups Building, 21 Pak Fuk Road, North Point, Hong Kong 香港北角百福道 21 號香港青年協會大廈 15 樓
電話 Tel: 3756 4488 傳真 Fax: 2520 1725 網址 Website: www.skhsch.org.hk 電郵 E-mail: develop@skhsch.org.hk

聖公會聖基道兒童院
S.K.H. St. Christopher's Home
同行有愛 傳承希望

(06/2018 revised)

Donation Coupon

☐ **I would like to join "Lok-lok & Yiu-yiu" Sponsorship Scheme**

(The Scheme is for all children of the Home. No individual child will be matched. The minimum sponsorship fee is $80 per month, at least one year commitment. Sponsors will receive a "Lok-lok & Yiu-yiu" souvenir and have a chance to meet the Home's children.)

Monthly payment：☐ $300 ☐ $200 ☐ $100 ☐ Others $_____ (for credit card or autopay only)

Annual payment ：☐ $3,600 ☐ $2,400 ☐ $1,200 ☐ Others $_____

"Lok-lok & Yiu-yiu" souvenir： ☐ Please mail to me ☐ I don't need it

☐ **I would like to make an one-off donation for "Lok-lok & Yiu-yiu" Sponsorship Scheme**

☐ $10,000 ☐ $5,000 ☐ $3,000 ☐ Others $_____

Donor's Information

Name: Mr./Ms._____ （中文）_____先生/女士

Address: Flat _____ Floor _____ Block/Tower _____ Building/ Estate _____

Street/ Road _____ District _____ ☐ Hong Kong ☐ Kowloon ☐ New Territories

Mobile No. *: _____ Tel No.: _____ E-mail: _____

* To save administration fee, SMS will be sent to your mobile no. as a confirmation of receiving this coupon within ten working days.

Your personal data, treated as strictly confidential, will be used for sponsors' gathering invitation, communication, fundraising, volunteer recruitment and conducting survey for the Home. Please "✓" to indicate: I ☐ AGREE / ☐ DISAGREE S.K.H. St. Christopher's Home to utilize my personal data for any of the above purposes. *(If you did not indicate your inclination, the Home will assume you agreed to the utilization of your personal data for the above purposes, until further notification.)*

Payment By:

☐ **Credit Card** (please fax the completed form to: **2520 1725**） ☐ Visa ☐ Master Card

Card holder name: _____ Card no.: |_____|_____|_____|_____|

Expiry date: ____ month/____ year (Valid for at least two months) Signature: _____

(If payment by credit card, donation will be debited from your credit card account monthly until your further notification.)

☐ **Monthly Autopay** (Help reduce our administrative expenses) Please fill in the following Direct Debit Authorization form and return the original to us.

☐ **Online Donation** Applicable for one-off/annual donation by credit card. Please visit www.skhsch.org.hk and make donation via online donation system.

☐ **7-Eleven Cash Donation** Applicable for one-off/annual donation; for cash donation of $100-$5,000 only. (Please donate at the cashier counter with designation to "S.K.H. St. Christopher's Home".)

☐ **Crossed Cheque** Payable to "Sheng Kung Hui St. Christopher's Home Limited".

☐ **Direct Bank-in** HSBC account no. 037-002821-001; please return bank's original pay-in slip with donor's name, contact no. and address written at the back.

Remarks :

1.Please ☑ whichever appropriate.
2. Please complete the form and return to S.K.H. St. Christopher's Home, 15/F, The Hong Kong Federation of Youth Groups Building, 21 Pak Fuk Road, North Point, H.K. or fax to 2520 1725.
3. If payment by autopay or credit card, donation will be debited from your autopay or credit card account monthly until your further notification. The official receipt will be sent out in May for tax deduction purpose.
4. Donations of $100 or above is tax exempted by official receipt. 5. For enquiries, please contact our staff on 3756 4488.

稅局檔案編號 IR Ref. No.： 91/4261

W-LY-06/18

直接付款授權書 Direct Debit Authorization

☑ **我願意以自動轉賬每月定額捐助聖基道兒童院 I would like to donate monthly by autopay**

Name of Party to be Credited (The Beneficiary) 收款的一方(受益人)	Bank No. 銀行號碼			Branch No. 分行號碼			Account No. 戶口號碼								
Sheng Kung Hui St. Christopher's Home Limited 聖公會聖基道兒童院有限公司	**0**	**0**	**4**	**0**	**3**	**7**	**0**	**0**	**2**	**8**	**2**	**1**	**0**	**0**	**1**

My/Our Bank Name and Branch 本人(等) 的銀行及分行名稱	Bank No. 銀行號碼			Branch No. 分行號碼			My/Our Account No. 本人(等)的戶口號碼								

My/Our Name(s) as recorded on Statement/Passbook # 本人(等)在結單/存摺上所紀錄的名稱

My/Our Address as recorded on Statement/Passbook 本人(等)在結單/存摺上所紀錄的地址

Limit for Each Payment/*Month *每次/月付款之限額	Expiry Date (day/month/year) 到期日 (日/月/年)	My/Our Signature (s) (as signed for bank account) 本人(等)之簽署(銀行戶口簽名)
# Name of Debtor (if other than Account Holder) # 債務人的姓名(若非戶口持有人)		

For Official Use Only 此欄由本院填寫

For Sheng Kung Hui St. Christopher's Home Limited Debtor's Reference 聖公會聖基道兒童院有限公司債務人參考	For Bank Use Only 銀行專用	Authorized Signature with Branch Chop

1. I/We hereby authorize 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 and/or its banker's correspondent 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，(根據收款人或其往來銀行及/或代理行不時給予本人(等)銀行的指示)自本人(等)的戶口內轉賬予上述收款人，惟每次轉賬金額不得超過以上指定的限額。
2. 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)。
3. 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).如因該等轉賬而令本人(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。
4. 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 that it may cancel this authorization at any time on one week's written notice. 本人(等)同意如本人(等)的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，且銀行可收取慣常的收費，並可隨時以一星期書面通知取消本授權書。
5. This direct debit authorization shall have effect until further notice or until the expiry date written above (whichever shall first occur). I/We agree that if no transaction is performed on my/our account under such authorization for a continuous period of 30 months, 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 no expiry date for the authorization.本直接付款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 30 個月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註明授權到期日。
6. I/We agree that any notice of cancellation or variation of this authorization 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，須於取消/更改生效日最少兩個工作天之前交予本人(等)的銀行。

Note 注意事項：

- * Please delete whichever is not appropriate. *請刪去不適用者。
- # Please write in Block Letters. 請以英文正楷填寫。
- It takes the bank almost 2 months to process your first donation. 銀行處理首次捐款需時約兩個月。
- In case of any amendment(s)/correction(s) on the form, please sign next to it.表格上資料如有任何更改，請在旁簽名為憑。

聖公會聖基道兒童院有限公司 Sheng Kung Hui St. Christopher's Home Limited
地址 Address: 15/F, The Hong Kong Federation of Youth Groups Building, 21 Pak Fuk Road, North Point, Hong Kong 香港北角百福道 21 號香港青年協會大廈 15 樓
電話 Tel: 3756 4488 傳真 Fax: 2520 1725 網址 Website: www.skhsch.org.hk 電郵 E-mail: develop@skhsch.org.hk