

我樂意一次過捐款 □ \$10,000

我樂意參加「樂樂」「遙遙」助養計劃

·般捐款表格

□ 其他\$_

□ \$3,000

\$5,000









	按月捐	款:[\$300		助養費每月最			\$10	00] 其	其他\$_					以信	用卡或	銀行	自動轉	駆捐款)						
	按年捐				□ \$2,400 「樂樂 ₋		_	\$1,2 E				は他\$_ -				_	7 ¢4	5 000	,		\$3,000	其他\$_					
	大人資料	斛 (姓	:名須與	香港」	身份證/訂	護照上	二資料	料相	同)												\$3,000	, ,,					_
																											-
	電話*: 省行政費,				透過電話短											電垂	塚:										-
我想	以以下	方式收	取收據	: □ 霍	含子 收據	□郵	寄业	攵據	Пя	「需要	收	據															
					與助養人活動														-28:±17	**	· 口气添加。) 艺艺	·/r/ark288 .	. http://ee	2754	1100 # #- #	- Pir Mark 60° .	
□ 同意 / □ 不同意整塞道兒童院向我提供上越資料・(如 閣下未有表 請選擇捐款方法: □ 信用卡(表格可直接傳真至: 2520 1725)								では、									为门超邓")右有。	T.14) 9 E/DJ *	,明郑电	3730 4	11 00 90 4	· <i>175-49+1</i> 43 °					
持卡人姓名:						信用卡號碼:							_						_l								
	(若使用	信用卡包	写月定額	捐款, 本	院將按月從	以上戶	口收耳	取捐款	て,直至抗		另行													V	W-GD-	-04/24	ļ
	□ 銀行自動轉賬 請填妥以下之直接付款授權書,並 圖 網上捐款 請登入 www.skhsch.org.hk 網上捐款系統							_													稅局檔案編號 IR Ref. No.: 91/4261			1			
址及 注意 1. 請福 4. 若他 出。	各收據或 捐助項目 事項: 主適當空格 使用信用卡。5. 為減省	入數終 目,以 內図。: 或銀行時 可數費	氏正本等 Whats 2. 一般期 自動轉賬等 ,捐款 10	条回本App (9 App (9	院,並於 601 6661) 以支持本院的 捐款,本院別 上之捐款人	背頁第 可或電子 的日常營 將按月征 ,可獲多 Dir	寫上 郵 d 達運, 定 上 機 性 性 性 性 性 性 性 性 性 性 性 性 性 性 性 性 性 性	姓名 level 促趣取 以取 De	op@sk cp@sk 院務。 3 培耕款,直 收據可申	A電話 ihsch. i.請填 i至捐款 i請扣減 utho	org. 妥表 次人 就稅款 riz	地址万.hk 給格寄回語 格寄回語 次。6.如	支捐。 本院 香港: 明 · 以 可已是 n	助項 。 此角芒 據將	百福道 於每年 捐助者	如便 21號 5月 5月	香港目初寄上資	轉數' 青年協 引出,「	快,	可提 夏15章 建理稅 登記作	01 或使用「轉 提供交易紀錄看 提舉公會聖基道兒 務事宜。一次性及 最後更新。7. 如本 LIWe hereby author to that of the account to that of the as my/our Bank ma	童院收或作 接年捐款收 有疑問,請: ze my/our bel e above namec ny receive fro	連同始 專真至 2: 女據,將 致電 37: low named d beneficia un the ben	520 172 於收到 56 4488 d Bank t ury in acc neficiary	聯絡電 25。 則捐款後兩 3 與本院驅 to effect trait cordance with	京話、地 兩個月內智 競員聯絡 nsfers from th such instr s banker an	my/our
我願意以自動轉賬每月定額捐助聖基道兒童院 I woul								Branch			Accoun			aut	opay	7				banker's correspond one such transfer sha (等)的上述銀行,(相	all not exceed 艮據收款人或	I the limit 其往來銀	indicated 行及/或(d below.本 代理行不時	人(等)現授 給予本人(權本人 等)銀行	
收款的一方(受益人) 銀行號碼								分行號碼 戶口號碼												的指示)自本人(等)的 指定的限額。 I/We agree that my/o	our Bank shall	l not be ob	liged to	ascertain wl	hether or no	t notice	
聖公會聖基道兒童院有限公司					0	0 0 4			0 3 7		0 0 2 8		8	2	2 1 0 0 1		1	3.	of any such transfer 實該等轉賬通知是? I/We jointly and seve	否已交予本人 erally accept f	、(等)。 full respon	sibility f	or any over	draft (or inc	rease in		
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.												existing overdraft) of transfer(s).如因該等 加),本人(等)願共同	掌轉賬而令本 司及各別承擔	区人(等)的 全部責任	p戶□出 :•	出現透支(或	(令現時的	透支堆			
							33 13 30 113			17 7 (((3)/13) = 3011			20,000					4.	4. I/We agree that should there be insufficient funds in my/our account to meet transfer hereby authorized, my/our Bank shall be entitled, in its discretion, no effect such transfer in which event the Bank may make the usual charge and the may cancel this authorization at any time on one week's written notice. 本人(
My/O	ur Name(s	s) as rec	orded or	Statem	ent/Passboo	ok #	本人	(等)	在結單/	存摺」	上所	紀錄的	习名称	Í							may cancel this auth 同意如本人(等)的戶 不予轉賬,且銀行 權書。	5口並無足夠	款項支付	該等授	懼轉賬,本	人(等)的銀	行有權
Iy/Our	Address a	as recore	ded on S	tatemen	t/Passbook	本人(等)在	E結單	7/存摺上	二所紀	錄的	地址								5.	expiry date written transaction is perfo continuous period of	above (which ormed on my 30 months, n	chever sha y/our acco ny/our Bar	ill first o ount und nk reserv	occur). I/W der such a es the right	e agree tha authorization to cancel th	nt if no n for a ne direct
每次/月付款之限額 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)									debit arrangement w not expired or there i 續生效直至另行選 準)。本人(等)同意好 有根據本授權而作 安排而毋須另行通	is no expiry d ff知為止或直 如本人(等)已 出過賬的紀針	late for the 至上列至 設立的直 錄,本人(authoriz 則期日為 接付款払 等)的銀	zation.本直持 分上(以兩者 受權的戶口 付保留權利	接付款授權 首中最早的 連續 30 個 列取消本直	書將繼 日期為 月內未 接付款				
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																	6.	日。 I/We agree that any I/we may give to my date on which such c 取消或更改本授權 交予本人(等)的銀行	/our Bank sha cancellation/va 書的任何通知	all be give ariation is	n at leas to take e	t two workii effect. 本人	ng days pric (等)同意,才	or to the 太人(等			
or Shen	g Kung H	ui St. Ch	ristopher	's Home	Limited De	btor's l	Refer	ence	For Ba		Onl	y					gnati	ire w	vith	N -	lote 注意事項: * Please delete which					٠	
公會事	里基道兒童	院有限	公可債務	6人參考					銀行專	用				Brai	nch Cl	юр				-	# Please write in Blo It takes the bank alm 款需時約兩個月。 In case of any amen	ck Letters. if nost 2 months dment(s)/corr	背以英文正 to process rection(s) o	E楷填寫 s your fir	rst donation	. 銀行處理	
						—															上資料如有任何更改	以,胡仕另象	x-白/荷偲。				











General Donation Coupon

I would like to make a one-off donation □ \$10,000 □ \$5,000 □ \$3,000 □ Others \$	
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 pc children.)	er month, at least one year commitment. Sponsors will have a chance to meet the Home's
Monthly payment : ☐ \$300 ☐ \$200 ☐ \$100 ☐ Others \$	(for credit card or bank autopay only)
Annual payment ∶ □ \$3,600 □ \$2,400 □ \$1,200 □ Others \$	
☐ I would like to make a one-off donation for "Lok-lok & Yiu-yiu" Spo	onsorship Scheme
□ \$10,000 □ \$5,000 □ \$3,000 □ Others \$	_
Donor's Information (The name must be same as HKID / Passport)	
Name: Mr./Ms	(中文)
Address:	
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 da	ıys.
I would like to receive receipt by mail email no receipt please	
Your personal data, treated as strictly confidential, will be used for sponsors' gathering invitation, communication, fund indicate: I \(\subseteq \) DISAGREE / \(\subseteq \) DISAGREE S.K.H. St. Christopher's Home to utilize my personal data for any of the above	raising, volunteer recruitment and conducting survey for the Home. Please "\sqrt " to e 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)	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.)	<u> </u>
Bank Autopay Please fill in the following Direct Debit Authorization form and return the or	iginal to us.
Online Donation Please visit www.skhsch.org.hk and make donation via online donation sys	stem.
 □ Crossed Cheque Payable to "Sheng Kung Hui St. Christopher's Home Limited". □ *7-Eleven Cash Donation Applicable for one-off/annual donation; for cash donation of \$10 	0 \$5 000 only (Dissert out of the original decision of the original
Christopher's Home".)	
*Direct Bank-in HSBC account no. 037-002821-001.	稅局檔案編號 IR Ref. No.: 91/4261 W-GD-04/24
*Faster Payment System (FPS) Please transfer the donation to S.K.H. St. Christopher's Ho	me Limited, "FPS" mobile phone number: 96016661
*Please return 7-Eleven's original receipt or bank's original pay-in slip with donor's name, con Payment by FPS, please send us a screen capture of the related transaction history with donor's name.	ntact no., address and designation of donation written at the back.
via WhatsApp (9601 6661) or email (develop@skhsch.org.hk) for the donation receipt.	, , ,
Remarks:	al Company of the Land of the Company of the Compan
1.Please ☑ whichever appropriate. 2. General donation will be used to support the Home's daily operation. 3. Please complete Youth Groups Building, 21 Pak Fuk Road, North Point, H.K. or fax to 2520 1725. 4. For monthly payment by credit card or ba	ink autopay, donation will be debited from your credit card or bank account monthly until
your further notification. The official receipt will be sent out in May for tax deduction purpose. One-off and annual donation administration fee, official receipts will be issued to donors who contribute \$100 or more for tax exemption. 6. If you are already	receipts will be sent to donors within 2 months upon receipt of donation. 5. To save a donor of the Home, the above information will be updated with this registration. 7. For
enquiries, please contact our staff on 3756 4488.	
古校什勢經緯書 Direct Debit Authorization	I/We hereby authorize my/our below named Bank to effect transfers from my/our
直接付款授權書 Direct Debit Authorization	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
】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	amount of amoun
ame of Party to be Credited (The Beneficiary) Bank No. Branch No. Account No.	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
ki的一方(受益人) 銀行號碼 分行號碼 戶口號碼 heng Kung Hui St. Christopher's Home Limited 。 。 4 。 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	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.
Name	0 1 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
(y/Our Bank Name and BranchBank No.Branch No.My/Our Account No.5人(等) 的銀行及分行名稱銀行號碼分行號碼本人(等)的戶口號碼	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。
(等)的銀行及分行名稱 銀行號碼 分行號碼 本人(等)的戶口號碼 U U U U U U U U U U U U U U U U U U U	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 i may cancel this authorization at any time on one week's written notice. 本人(等
My/Our Name(s) as recorded on Statement/Passbook # 本人(等)在結單/存摺上所紀錄的名稱	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
ly/Our Address as recorded on Statement/Passbook 本人(等)在結單/存摺上所紀錄的地址	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
imit for Each Payment/*Month Expiry Date (day/month/year) My/Our Signature (s) (as signed for bank action of the payment of	演工从直生//门超和测止《直生工//均测口测止(AM) 百 数十1/口测测
每次/月付款之限額 到期日(日/月/年) 本人(等)之簽署(銀行戶口簽名)	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。
Name of Debtor (if other than Account Holder) 債務人的姓名(若非戶口持有人)	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
RANVAINTUMIT HIN HIVI	date on which such cancellation/variation is to take effect. 本人(等)同意,本人(等)阅意,本人(等)阅意,本人(等)阅意,本人(等)阅意,本人(等)阅意,本人(等)阅意。
O 000 1 1 1 1 O 1 1 1 1 1 1 1 1 1 1 1 1	前交予本人(等)的銀行。
or Official Use Only 此欄由本院填寫 or Sheng Kung Hui St. Christopher's Home Limited Debtor's Reference For Bank Use Only Authorized Siş	Note 注意事項: * Please delete whichever is not appropriate *禁嗮土不適田老。
or Sneng Kung Hui St. Christopher's Home Limited Debtor's Reference For Bank Use Only Authorized Signer Signer Authorized Signer Signer Signer Authorized Signer Sig	- #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 捐款需時的兩個月。
	- In case of any amendment(s)/correction(s) on the form, please sign next to it.表格 上答約加右任何更改,諸在旁答名為馮。