

捐款表格









	我樂意參加 (以助養全院所有兒					有機會親自關懷	本院兒童。)				
	按月捐款:□ 常 按年捐款:□ 常		☐ \$200 ☐ \$2,400	□ \$: □ \$:	100 1,500	其他\$ 其他\$	(只限以信用	目卡或銀行自	動轉賬捐款)		
	我樂意一次				,		10,000	5,000	S3,000	□ 其他\$	
	次人資料 (姓名	4.	基身份證/訂	- 隻照上資料	相同)						
地址	:(請以英文填寫)										
							電郵:				
	省行政費,本院將於一以以下方式收取										
	国人資料將絕對保密,										
	<i>意 / □ 不同意聖基記</i> 擇掲款方法:	直兒童院问教	提供上述資料	• (如 閣下未)	有表明是否同意,本	防將假定 閣下	接受本院向 閣下發出	<i> 上述資訊,</i>	<i>直至另行通知。)》</i>	<i>苦有任何疑問,請</i>	数電 3756 4488 與本院聯絡。
	2520 1525							☐ Mastercard			
	持卡人姓名:				_ 信用卡號	虎碼:					
址及 注意 1. 請稱 3. 若们 職員	銀行自動轉賬網上捐款請登劃線支票 抬頭 *7-Eleven 現金 *直接存款或轉等收據或人數紙可捐助項目,以 W事項: 在適當空格內図。 使用信用卡或銀行百重。 4. 為減省行政費。	月定額捐款 請填妥以。請 請款 、	,本院將按月從下之直接付 於 下之直接付 於	以上戶口收取 款授權書, 《網上捐款》 兒童院有限 安年 <u>捐款</u> 及 至聖寫上 對或電郵 dev 等接月電報 dev 等接月で發發收據 Direct D	用歉,直至捐款人身 並寄回正本。 系統直接捐款。 公司」。 現金 100 元至 是基道兒童院有 名、聯絡電話 delop@skhsch.o 香港青年協會大廈。 取捐款,直至捐款 、憑收據可申請扣	5,000 元。 限公司,存。 、地址及揭归 rg.hk 給本防 5 樓聖公會聖基 人吳行通知。以 減稅款。	力項目。如使用車 。 道兒童院收或傳真至: 據將於每年5月初寄 .如已是本院揭助者,	「聖公會聖都 037-00282 專數快,正 2520 1725。 出,以便處	基道兒童院」。) 1-001 或使用「 可提供交易紀金 型稅務事宜。一次 以這次登記作最後 1. I/We hereby au account to that as my/our Ban	税局檔案編號轉數快」,流重 錄截圖,並連同 生及按年捐款收據 更新。 6. 如有類 thorize my/our below r of the above named ben k may receipm th	W-LY-04/25 虎 IR Ref. No.: 91/4261 动電話號碼:96016661。 司姓名、聯絡電話、地 ,將於收到揭款後兩個月內奇程間,請致電 3756 4488 與本院
	預意以自動轉賬 在 F Party to be Credite			兒童院 I w Bank No.	Branch No.	Account No	y by autopay		banker's corres one such transf (等)的上述銀行	pondent from time to ti er shall not exceed the f,(根據收款人或其往	ime provided always that the amount of an limit indicated below. 本人(等)現授權本人 來銀行及/或代理行不時給予本人(等)銀行
收款的-	一方(受益人) Kung Hui St. Chris		-	銀行號碼	分行號碼	戶口號碼	<u> </u>		指定的限額。 2. I/We agree that	my/our Bank shall not	·述收款人,惟每次轉賬金額不得超過以上 be obliged to ascertain whether or not notice
	聖公會聖基道兒			0 0 4	0 3 7	0 0 2	8 2 1 0	0 1	實該等轉賬通 3. I/We jointly and	印是否已交予本人(等) I severally accept full re	esponsibility for any overdraft (or increase 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. 分行號碼	My/Our Acc 本人(等)的/		existing overdraft) on my/our account which may arise as a result of i transfer(s),如因战效等轉賬而令本人(等)的戶口出現透支(或令現時的加)·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 transfer hereby authorized, my/our Bank shall be entitled, in its discretion effect such transfer in which event the Bank may make the usual charge a may cancel this authorization at any time on one week's written notice. 本				
My/Ou	ur Name(s) as record	ded on State	ement/Passboo	ok # 本人(等	奪)在結單/存摺上	所紀錄的名稱			意如本人(等)的	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,並可隨時以一星期書面通知取消本授格
My/Our Address as recorded on Statement/Passbook 本人(等)在結單 i.imit for Each Payment/*Month 每次/月付款之限額 Expiry Date (day/month/year) 到期日 (日/月/年)						ture (s) (as sig	ned for bank accoun (全名)	it)	5. This direct deb expiry date wr transaction is continuous peri debit arrangem not expired or t 續生效直至另 本人(等)同意效 本授權而作出 須另行通知本	nave effect until further notice or until the r shall first occur). I/We agree that if nr account under such authorization for ir Bank reserves the right to cancel the direct to me/us, even though the authorization ha or the authorization.本直接付款授權書將餐戶則是由企业職者中最早的日期為準)を付款授權的戶口連續30個月內未有根據的銀行保留權利取3本直接和取3本直接和取3本直接的銀行保留權利取3本直接可接權到期日。	
· 債務/	of Debtor (if other t 人的姓名(若非戶口	持有人)	•						I/we may give t date on which s	o my/our Bank shall be uch cancellation/variatio 受權書的任何通知,須	tion or variation of this authorization which given at least two working days prior to th on is to take effect. 本人(等同意·本人(等 頁於取消/更改生效日最少兩個工作天之前
or Shen	ficial Use Only J ng Kung Hui St. Chris	topher's Ho	me Limited De	btor's Reference		Only	Authorized Signatur	re with		whichever is not approp n Block Letters. 請以英	priate. *請刪去不適用者。 在文正楷填寫。
聖公會里	望基道兒童院有限公	司債務人參	考		銀行專用		Branch Chop		- It takes the ban 款需時約兩個 - In case of any:	k almost 2 months to pr 月。	rocess your first donation. 銀行處理首次排 n(s) on the form, please sign next to it.表格











Donation Coupon

	I would like to joi (The Scheme is for all children or						\$90 per montl	ı, at least on	e year commitment. Sponsors will have	a chance to meet the Home's
	children.)					•	. 1			
	Monthly payment :	\$300	\$200	\$100	Othe	ers \$		(for cre	edit card or bank autopay only)	
	Annual payment :	\$3,600	S2,400	S1,500	Othe	ers \$				
	I would like to ma	ke a one-o	off donati	ion for "Lo	ok-lok & `	Yiu-yiu'	Sponso	rship (Scheme	
	☐ \$10,000 ☐ \$5,0	000	3,000	Others \$_						
Don	or's Information (7	The name mus	st be same a	s HKID / Pass	port)					
Name	:: Mr./Ms							(中)	文)	
Addre	ess:									
Mobi	le No. *: we administration fee, SMS will be		Tel No.:	c		E-ma	il:			
						itnin ten wor	ang days.			
	ld like to receive receipt b	•	email	no recei						d II Di "/" /
indicat		REE S.K.H. St. O	Christopher's I	Home to utilize my					recruitment and conducting survey for did not indicate your inclination, the Ho	
	ment By:	ie above purposes	s, unite juriner re	onjeditom)						
•	Credit Card (please fax the o	completed form to	2520 17	725) \Box	Visa			□м	Iastercard	
	Card holder name:									
	Expiry date: month/									
	(If payment by credit card, donat	ion will be debite	ed from your cre	dit card account mo	nthly until your	further notific	ation.)			
	Bank Autopay Please fill	l in the follow	ving Direct l	Debit Authoriz	ation form a	nd return <u>t</u>	he original	to us.		
	Online Donation Please		_				on system.			
_	Crossed Cheque Payable	_	_	-						
		n Applicable	e for <u>one-of</u>	f/annual donat	on; for cash	donation	of \$100-\$5	,000 only	y. (Please donate at the cashier counter	with designation to "S.K.H. St.
_	Christopher's Home".) *Direct Bank-in HSBC a	account no 0	37 002821 (001				稅后	局檔案編號 IR Ref. No.: 91/4261	W-LY-04/25
_					SKH St Cl	nristonher	's Home I i	mited "F	FPS" mobile phone number: 96	6016661
									ess and designation of donation	
Paym	ent by FPS, please send t	is a screen ca	apture of the	related transa	ction history	with done			o., address and designation of	
via W	hatsApp (9601 6661) or 6	email (develo	p@skhsch.c	org.hk) for the	donation rec	eipt.				
Rema	ırks :									
1 Please	whichever appropriate 2	Please complete	the form and re	eturn to S.K.H. St. C	hristopher's Hor	ne, 15/F, The	Hong Kong F	ederation of	Youth Groups Building, 21 Pak Fuk Ro	ad, North Point, H.K. or fax to
May fo	r tax deduction purpose. One-off a	nd annual donation	on receipts will l	be sent to donors w	ithin 2 months up	on receipt of	donation.	with this reg	until your further notification. The offit. To save administration fee, official reistration. 6. For enquiries, please of the process of the	ceipts will be issued to donors
			,	,						
	直接付	款授權書	Direct D	Debit Autho	rization				 I/We hereby authorize my/our below nan account to that of the above named instructions as my/our Bank may receive 	beneficiary in accordance with such
1 我願	意以自動轉賬每月定額	捐助聖基道	兒童院 I w	ould like to d	onate month	ly by aut	opay		and/or its banker's correspondent from amount of any one such transfer shall no	time to time provided always that the
lame of	Party to be Credited (The Be	neficiary)	Bank No.	Branch No.	Account N	0			(等)現授權本人(等)的上述銀行,(根據小 予本人(等)銀行的指示)自本人(等)的戶	女款人或其往來銀行及/或代理行不時給
	·方(受益人)	分行號碼	戶口號碼	o.			額不得超過以上指定的限額。 2. I/We agree that my/our Bank shall not be			
Sheng K	ung Hui St. Christopher's l		0 0 4	0 3 7	0 0 2	8 2	1 0 0	1	of any such transfer has been given to me 實該等轉賬通知是否已交予本人(等)。	
	聖公會聖基道兒童院有限	公旦							3. I/We jointly and severally accept full resp existing overdraft) on my/our account v	
Iy/Our l	Bank Name and Branch		Bank No.	Branch No.	My/Our Ac	count No.			transfer(s).如因該等轉賬而令本人(等加),本人(等)願共同及各別承擔全部責)的戶口出現透支(或令現時的透支增
	的銀行及分行名稱		銀行號碼	分行號碼	本人(等)的	戸口號碼			4. I/We agree that should there be insuffici-	ent funds in my/our account to meet any
									transfer hereby authorized, my/our Bank effect such transfer in which event the Ba	ink may make the usual charge and that it
My/Ou	r Name(s) as recorded on Sta	tement/Passboo	ok # 本人(\$	 等)在結單/存摺_	上所紀錄的名	 稱		'	may cancel this authorization at any time 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: 權書。	
Iv/Our A	Address as recorded on Stater	nent/Passbook	本人(等)在結	吉單/存摺上所紀	綠的地址				This direct debit authorization shall have expiry date written above (whichever statements)	shall first occur). I/We agree that if no
J			1 > 4(3) 12.11	1 1 14 41111//11/0	A,, G.11				transaction is performed on my/our a continuous period of 30 months, my/our I	Bank reserves the right to cancel the direct
imit for	Each Payment/*Month	Evniry Data	(day/month/yea	My/Our Sign	nature (s) (as s	anad for he	nk account)		debit arrangement without prior notice to not expired or there is no expiry date for t	he authorization.本直接付款授權書將繼
	付款之限額	到期日 (日/			簽署(銀行戶口		nk account)		續生效直至另行通知為止或直至上列 準)。本人(等)同意如本人(等)已設立的	
									有根據本授權而作出過賬的紀錄,本 安排而毋須另行通知本人(等),即使本	
Name o	of Debtor (if other than Accou	ınt Holder)							日。 6. I/We agree that any notice of cancellation	
	、的姓名(若非戶口持有人)								I/we may give to my/our Bank shall be gi date on which such cancellation/variation	ven at least two working days prior to the
									(等)取消或更改本授權書的任何通知, 前交予本人(等)的銀行。	
or Offi	icial Use Only 此欄由本	院填寫		L						
or Sheng	Kung Hui St. Christopher's Ho	ome Limited Del	btor's Reference		Only		d Signature	with	Note 注意事項: - * Please delete whichever is not appropri	
E公會聖 	基道兒童院有限公司債務人多	参考 	1111	銀行專用		Branch C	hop			文正楷填寫。 ocess your first donation. 銀行處理首次
										s) on the form, please sign next to it.表格
								- 1	上資料如有任何更改,請在旁答名為	m ·