

現有捐款人

更改每月信用卡/ 銀行自動轉賬/ 捐款額資料

捐款人資料

捐助人編號(如忘記了, 請填妥以下資料): _____

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

兒童姓名(如適用):(中文) _____ (English) _____

地址:(請盡量以英文填寫) _____

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“✓”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。

請從本人的信用卡或銀行自動轉賬戶口扣除

捐款金額不變

繼續參加「樂樂」「遙遙」助養計劃

繼續參加「愛心小天使計劃」

更改每月捐款金額

參加「樂樂」「遙遙」助養計劃

參加「愛心小天使計劃」

現時的捐款金額: _____

現時的捐款金額: _____

新的捐款金額: _____

新的捐款金額: _____

更改信用卡或銀行自動轉賬資料並 同意 / 不同意 聖公會聖基道兒童院於下次過賬日一併扣取最近不成功捐款及下次的捐款。(本院收到表格後, 將於十個工作天內以 Whatsapp 確認捐款金額。)

請選擇捐款方法:

更改信用卡資料 (表格可直接傳真至: 2520 1725)

信用卡資料

Visa

Master Card

持卡人姓名: _____ 有效日期至: ____月/____年 (最少兩個月內有效)

信用卡號碼: | _____ | _____ | _____ | _____ |

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。)

更改銀行自動轉賬資料, 請填妥背頁之直接付款授權書, 並寄回正本。

稅局檔案編號 IR Ref. No.: 91/4261

W-C-05/21

請從本人的銀行戶口扣除 Please debit my bank account

(若使用直接付款授權書每月定額捐款，請將授權書正本寄回本院，本院將按月從以上戶口收取捐款，直至捐助者另行通知。If payment by Direct Debit from bank account, please send the original form to us. Donation will be debited automatically from your account monthly until your further notification.)

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 *每月/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 St. Christopher's Home Debtor's Reference 聖基道兒童院債務人參考	For Bank Use Only 銀行專用	Authorized Signature with Branch Chop

- 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 1. 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。
- 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)。
- 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。
- 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。
- 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。
- 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。

注意事項：

- 請在適當空格內回。
- 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。
- 若使用信用卡或銀行自動轉賬每月定額捐款，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。一次性及按年捐款收據，將於兩個月內寄出。
- 凡捐款 100 元或以上，憑收據可申請扣減稅款。
- 如有疑問，請致電 3756 4488 與本院職員聯絡。