



捐款表格 Donation Form

我想支持基督教勵行會的 I want to support Christian Action's :

- | | |
|---|---|
| <input type="checkbox"/> 青海兒童之友計劃 Friends of Qinghai Children Programme | <input type="checkbox"/> 難民及尋求庇護人士服務 Refugees Programme |
| <input type="checkbox"/> 外籍傭工服務 Migrant Domestic Workers Programme | <input type="checkbox"/> 兒童及家庭支援服務 Services for Children & Families |
| <input type="checkbox"/> 少數族裔服務 Ethnic Minorities Programme | <input type="checkbox"/> 事工網絡及統籌服務 Ministry Co-ordination Service Programme |
| <input type="checkbox"/> 任何項目(按需要分配) General Programme (in most financial need) | |

每月捐款 With a Monthly Donation of HK\$ _____

一次性捐款 With a One-off Donation of HK\$ _____

捐助者資料 Personal Particulars

個人捐款 Individual Donation 機構捐款 Corporate Donation

姓名 Name _____ (先生 Mr / 女士 Ms / 太太 Mrs)

機構名稱 Organisation _____ (機構捐款者適用 For Corporate Donation)

地址 Address _____

電話 Telephone _____ 傳真 Fax _____ 電郵 Email _____

捐款方法 Donation Methods

信用卡付款 By Credit Card



持卡人姓名 Card Holder's Name _____

信用卡號碼 Credit Card No. _____

到期日 Expiry Date _____ 簽署 Signature _____

郵寄劃線支票 By Crossed Cheque

抬頭請寫「基督教勵行會－慈善服務」；支票背面請寫上捐助者姓名及聯絡方法。

Payable to "Christian Action - Charity Services". Please write the name and contact information on the back of the cheque.

銀行轉賬 Bank Transfer

請轉賬至本會匯豐銀行帳戶 Bank transfer to our HSBC Account: **567-320973-005**

請在入數紙背後填上捐助者姓名。

Please write the name of the donor on the back of the bank receipt.

7-Eleven 現金捐款 Cash Via 7-Eleven

請攜同此印有本會慈善機構條碼之表格到7-Eleven付款。請保留交易紀錄，然後連同捐款表格郵

寄 / 傳真至本會。Please present this barcode to the 7-Eleven cashier in Hong Kong for payment.

Please enclose the transaction record with this donation form.



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選取任何捐款形式，均需郵寄或傳真此表格至本會：九龍清水灣道55號彩雲二邨

Please return this form by post or fax for all methods of donation to : 55 Clear Water Bay Road, Choi Wan (2) Estate, Kowloon

閣下的個人資料將絕對保密，只供基督教勵行會作處理捐款及簽發收據之用。您所提供的資料將可讓 閣下與本會保持聯繫。如不同意接收本會資訊，請在空格填上“√”號。

Your personal data collected will be kept strictly confidential for processing donation and issuing receipts. The information provided could be used to help you stay informed about us. If you disagree to receive further communications from Christian Action, please mark a "√" in the box.

本人 不同意基督教勵行會向我提供上述資訊。

I disagree to receive the above-mentioned communications from Christian Action.

如需要更新個人資料，請電郵至 info@christian-action.org.hk。For any correction or change of personal details, please send an email to info@christian-action.org.hk.

自動轉賬授權書 DIRECT DEBIT AUTHORISATION FORM

Name of party to be credited (beneficiary) 收款之一方 (受益人) Christian Action – Charity Services 基督教勵行會-慈善服務	Bank No. 銀行編號 004	Branch No. 分行編號 567	Account No. 賬戶號碼 320973005
My / Our Bank Name and Branch 本人/吾等之銀行及分行之名稱	Bank No. 銀行編號	Branch No. 分行編號	Account No. 賬戶號碼
My / Our Name(s) as recorded on Statement / Passbook 本人/吾等在結單/存摺上所紀錄之名稱			Contact Tel No. 聯絡電話號碼
My / Our Address as recorded on Statement / Passbook 本人/吾等在結單/存摺上所紀錄之地址			※ Limit for Each Month 每月付款之限額
※ Expiry Date 到期日	※ My / Our Signature(s) 本人/吾等在結單/存摺上之簽名		Date 日期

For office use only 由本會及銀行填寫

Debtor's Reference 支賬參考	For Bank Use 銀行填寫	Signature Verified 簽名樣式
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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)現授權本人(等)的上述銀行，(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 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 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。

This authorisation shall have effect until further notice or until the expiry date written below (whichever first occur).
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)。

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.
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/更改日最少兩個工作天之前交予本人(等)的銀行。

※ Notes 附註：

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.
如台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。

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.
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。

Please ensure that you sign the form in the usual way that you would sign on your Bank Account.
請保證貴戶在此授權書內之簽名，與銀行賬戶所簽者完全相同。

If "Limit for Each Payment/Month" is not specified the debtor's bank will set the limit as "unlimited"
如「每月付款的限額」一欄未有填上。債務銀行會將轉賬限額設定為「不設上限」。

Please write in Block Letters # 請以英文正楷填寫