

個人或團體資料 Personal or Organization Information

姓名(中文): Name(Chinese)	(先生/小姐)	姓名(英文): Name(English) (Mr./Ms./Mrs.)
團體名稱(如適用) Name of Organization (If applicable):		
聯絡電話 Contact Number:	電郵 Email:	
地址 Address:		



支持項目 Support Project

捐款金額 Donation Amount

<input type="checkbox"/> 支持女大學生升讀大學, 為期四年 (逐年捐款) Support females students study in university for FOUR years (Yearly donation)	位 Student(s) x	HK\$7,000/year (per student)	=HK\$
<input type="checkbox"/> 支持女大學生升讀大學, 為期四年 (一次捐款) Support females students study in university for FOUR years (one-off donation)	位 Student(s) x	HK\$28,000 (per student)	=HK\$
支持女子升大計劃 Support the University for Girls Project	<input type="checkbox"/> 一次定額捐款 One-off donation		=HK\$
	<input type="checkbox"/> 每月捐款 Monthly donation		=HK\$
支持愛德基金會其他項目 Support other projects of Amity: <input type="checkbox"/> 一般捐款 General Donation <input type="checkbox"/> e 萬行動 Action e-10000 <input type="checkbox"/> 活水行動 Living Water Project <input type="checkbox"/> 山區建校工程 School Rebuilding Project <input type="checkbox"/> 救災重建 Disaster Relief and Rehabilitation	<input type="checkbox"/> 一次定額捐款 One-off donation		=HK\$
	<input type="checkbox"/> 每月捐款 Monthly donation		=HK\$

- 請將人數紙連表格傳真至或郵寄到愛德基金會(香港)。Please return the form (with deposit slip if applicable) through fax or mail to Amity Foundation, Hong Kong. (HKD100 或以上的捐款將獲發收據。Receipts will be issued for donations of HKD100 or more.)
- 個人資料收集將受嚴密保護, 只作發收據或期刊通訊用途。All personal data collected will be treated as strictly confidential and used for issuing receipts and sending newsletters only. (若閣下日後不願意收到愛基金任何郵寄資料, 請在方格上打剔號。If you would not like to receive any mailings from Amity, please tick this box.)

捐款方法 Donation Method

<input type="radio"/> 支票付款 Cheque: 支票抬頭請寫「愛德基金會(香港)」 Payable to "Amity Foundation, Hong Kong" <input type="radio"/> 銀行轉帳 Bank Transfer: 滙豐銀行 HSBC: 127-5-017372 中信銀行國際 China CITIC Bank International: 701-1-22399100 <input type="radio"/> 自動轉帳 Autopay 請填寫以下資料 Please fill in the information below.	<input type="radio"/> 信用卡 Credit Card: <input type="checkbox"/>  <input type="checkbox"/>  持咭人姓名 Name of Card Holder: _____ 信用卡號碼 Card Number: _____ 有效期至 Expiry Date: _____ 持咭人簽署 Signature: _____
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自動轉帳授權書 Autopay Authorization Form

Name of party to be credited (The Beneficiary) 收款方 (受益人) Amity Foundation, Hong Kong 愛德基金會(香港)	Bank no. 銀行編號 0 0 4	Branch no. 分行編號 1 2 7	Account no. to be credited 收款帳戶號碼 0 5 4 7 3 2 0 0 1
My/Our Bank Name and Branch 本人(等)的銀行及分行名稱	Bank no. 銀行編號	Branch no. 分行編號	My/Our Account no. 本人(等)的帳戶號碼
Monthly donation amount 每月捐款金額 Note 注意: if blank, the debtor's bank will set as "unlimited" 如無填寫, 付款銀行會將轉帳限額設為「不設上限」 HK\$	Expiry Date (DD/MM/YYYY) 到期日(日/月/年) Note 注意: if blank, this authorization shall have effect until further notice and Expiry Date shall be greater than 3 months. 如無填寫, 此直接付款授權書將無期有效直至另行通知及到期日必須大於三個月	My/Our Name(s) as recorded on Statement/Passbook (in block letters) 本人(等)在結單或存摺上所記錄的名稱 (請以英文正楷填寫)	
Contact Telephone No. 聯絡電話號碼	My/Our Address as recorded on Statement/Passbook (in block letters) 本人(等)在結單或存摺上所記錄的地址 (請以英文正楷填寫)		

Declaration (For HSBC Customer Only) 聲明 (只適用於滙豐客戶)

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 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)的戶口內轉帳予上述收款人。惟每次轉帳金額不得超過以下指定的限額。2. I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer or reversal notice has been given to me/us. 本人(等)同意本人(等)的銀行毋須證實該等轉帳通知或沖銷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). 如因該等轉帳而令本人(等)的戶口出現透支(或令現時的透支增加), 本人(等)願共同及個別承擔全部責任。4. I/We understand that I/we must maintain sufficient funds in the account one business day (before the close of branch banking hours) before the transfer date (as specified in the instructions received by my/our Bank from the beneficiary and/or its banker and/or its banker's correspondent from time to time) for the transfer authorised herein. I/We agree that should there be insufficient funds in my/our account to meet any transfer authorised herein, my/our Bank will be entitled, at its absolute discretion, not to effect such a transfer in which event the Bank may levy its usual charges and may cancel this authorisation at any time without notification to me/us. For the avoidance of doubt, the Bank may cancel this authorisation at its sole discretion at any time without prior notice. 本人(等)明白本人(等)須在指定的轉帳日期(即根據本人(等)的銀行從收款人或其往來銀行及/或代理行不時收到的指示)前一個營業日(分行辦公時間內), 在戶口內備有足夠款項以便支付該等授權轉帳。本人(等)並同意如本人(等)的戶口並無足夠款項支付該等授權轉帳, 本人(等)的銀行有絕對酌情權不予轉帳, 且本人(等)的銀行可收取慣常的收費, 並可隨時取消該等授權轉帳且毋須通知本人(等)。為避免疑問, 本人(等)的銀行可隨時自行決定取消該等授權轉帳且毋須通知本人(等)。5. This direct debit authorisation shall have effect until further notice or until the expiry date written below (whichever shall first occur). I/We agree that if no transaction is performed on my/our account under such authorisation 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 authorisation has not expired or there is no expiry date for the authorisation. 本直接付款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)。本人(等)同意如本人(等)已設立直接付款授權的戶口連續三十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 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/更改生效日最少兩個工作天前交予本人(等)的銀行。

My/Our Bank Signature(s) 本人(等)銀行戶口的簽署	For Amity Use 由本會填寫 Debtor's reference 付款人編號	For Bank Use 銀行專用 Remarks 備註	Branch Chop
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