

| 每月捐款表  | 格 MONT                    | HLY DON                      | ATION FORM   |
|--|---------------------------|------------------------------|--|
| 我樂意 <b>每月</b> 捐助 I am willing to join MOI  |                           |                              | A  |
|  | □HK\$500 □                |                              |  |
| 捐款者個人資料 DONOR'S INFORMATION  |                           |                              |  |
| 先生/太太/女士/小姐/機構 Mr./Mrs./Ms./Miss/Organization  |                           |                              |  |
| 姓 Surname :  |                           | name :                       |  |
| 地址 Address:  | (表名[].[].[].[]            | 7 11 11                      |  |
| 聯絡电話 Contact phone no.:  |                           | Email address :              |  |
| <ul> <li>收集個人資料聲明 Personal Information Collection Statement</li> <li>         香港傷健協會希望透過閣下提供的電話,電郵及通訊地址,向損贈者不時提供有關項目資訊的更新、機構資料及活動邀請呼籲、捐款收據等。所有個人資料將絕對保密,並會遵照法律規定處理。如閣下並不反對以上的通訊聯絡方式及內容,請於<u>方格上加上剔號</u>以表同意。         Hong Kong PHAB Assocation may use your contact number, email address and correspondence address to provide you with our programme updates, organization information and appeals, as well as donation receipts. All personal data will be kep confidential and handled at accordance with applicable laws. Please check the box if you agree to receive the abovementioned materials.</li> </ul> |                           |                              |  |
| 捐款方法 DONATION METHOD   |                           |                              |  |
| □ 信用卡轉賬 By Credit Card 如使用信用卡捐款請把表格寄回或傳真至 2875 1401 Credit card donation form can be sent by mail or by fax to 2875 1401 信用卡捐款轉賬日期約為每月最後一個工作天 Credit card transactions will normally be processed on around the las working day of the month.  |                           |                              |  |
| 信用卡種類 Card Type: □ Visa □ Master Card 持卡人姓名 Cardholder's Name: □ 信用卡號碼 Card Number: □ 持卡人簽名 Cardholder's Signature: □ 信用卡有效日期至 Card Expiry Date: □ 持卡人簽名 Cardholder's Signature: □   |                           |                              |  |
| □ 銀行戶口自動轉賬 By Bank Account transfer 請填妥下列自動轉賬表授權書並將正本寄回本會 Please fill in the form below and mail us the original copy. 銀行戶口自動轉賬日期約為每月 10 號 Direct debit transactions will normally be processed on around 10 <sup>th</sup> of the month.  自動轉賬授權書 DIRECT DEBIT AUTHORIZATION FORM  |                           |                              |  |
|  |                           |                              |  |
| 收款之一方(收款人) Name of party to be credited (the Beneficiary) HONG KONG PHAB ASSOCIATION   | 銀行號碼<br>Bank No.<br>0 0 4 | 分行號碼<br>Branch No<br>1 1 1 1 | 收款賬戶之號碼<br>  Account No. to be credited<br>  0   5   8   0   0   4   -   0   0   2 |
| 本人/吾等之銀行及分行名稱  | 銀行號碼                      | 分行號碼                         | 本人/吾等之賬戶號碼   |
| My/Our Bank Name and Branch  | Bank No.                  | Branch No                    | My/Our Account No.   |
| •  |                           |                              |  |
| 本人/吾等在結單/存摺上所紀錄之名稱 My/Our Name as recorded on Statement/Passbook   |                           |                              |  |
| 本人/吾等在結單/存摺上所紀錄之地址 My/Our Address as recorded on Statement/Passbook  |                           |                              |  |
| 銀行戶口紀錄之身份證明文件及號碼   |                           |                              | 本人/吾等之簽名(銀行戶口簽名)   |
| ID Type & no. as registered for your bank account  |                           |                              | My/Our Signature(s) (as signed for bank  |
| □香港身份證 HKID □護照 Passport □<br>號碼 Number:   | □其他 Others :              |                              | account)   |
| 此欄由本會職員填寫 For official use only  |                           |                              |  |
| 付款人編號 Debtor Reference No.   | 艮行專用 For Bank us          | е                            | 簽名式樣 Signature verified  |
| 銀行戶口自動轉賬附註  - 本人(等)現货權本人(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 - 本人(等)現货權本人(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 - 本人(等)現货權本人(等)的戶口內護陽子上谈收款人,惟每內護國本都不過 - 在人(等)與戶口內護國子上談收款人,惟每內護國本都不過  |                           |                              |  |

注意事項:請寄回表格正本。表格上的資如有任何更改,請在旁簽名以示確認。

- 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 above.

  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.

  I/We jointly and severally account which may arise as a result of any such transfer or necesse in existing overdraft or my/our account which may arise as a result of any such transfer or severally account which may arise as a result of any such transfer of 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

Note: Only originals can be accepted. In case of any amendment(s) / correction(s) on the form, please sign next to it.

註:每月捐款者的年度收據將於每年四月寄上,可作扣稅用途。

Note: For monthly donations, a tax deductible annual receipt will be issued in every April.

## 查閱與改正個人資料 Access and correction of personal data:

根據《個人資料(私隱)條例》,閣下有權查證香港傷健協會是否持有閣下的個人資料、查取該資料的副本,並且更改任何不正確的資料。閣下亦可要求本會告知閣下本會所持個人資料的種類。查取本會政策與改正個人資料的要求等,煩請以書面形式通知本會:
In accordance with the Personal Data (Privacy) Ordinance, you own the right to ascertain whether Hong Kong PHAB Association holds your personal data, to obtain a copy of the data, and to correct any inaccurate data. You may also request us to inform you of the type of personal data held by us. Requests for access and correction or for information as regards policies and practices and types of data held should be addressed in writing format to:

香港傷健協會 Hong Kong PHAB Association

香港北角百福道 21 號 1402 室 Unit 1402, 21 Pak Fuk Road, North Point, Hong Kong

電郵 Email: hq@hkphab.org.hk

For donation enquiries, please call us at 2551 4161. Thank you for your support!

任何有關捐款的查詢,歡迎致電 2551 4161。感謝您的支持!

## 香港傷健協會 Hong Kong PHAB Association

香港北角百福道 21 號 1402 室 Unit 1402, 21 Pak Fuk Road, North Point, Hong Kong

電話 Tel: 2551 4161 傳真 Fax: 2875 1401 電郵 Email: hq@hkphab.org.hk 網址 Website: www.hkphab.org.hk

Doc. Monthly donation form (v2) 2016.12.13