



香港防癌會

THE HONG KONG ANTI-CANCER SOCIETY

是!我願意為推動抗癌工作出一分力!
Yes! I would like to help fighting against cancer!

- 每月** 捐款 Monthly Donation
- HK\$100 HK\$200 HK\$500
- 其他金額 Other amount HK\$ _____
- 單次** 捐款 One-off Donation
- HK\$100 HK\$200 HK\$500
- 其他金額 Other amount HK\$ _____

先生 Mr 太太 Mrs 小姐 Miss 女士 Ms

姓 Surname

名 First Name

* 出生日期 Date of Birth 月 Month 日 Day

聯絡電話 Contact Tel

* 職業 Occupation

* 電郵 E-mail

通訊地址 Correspondence Address

* 選擇性填寫 optional

支票 Cheque (單次捐款 One-off Donation)

抬頭請寫「香港防癌會」 Please make payable to "The Hong Kong Anti-Cancer Society"

直接存款 Direct Pay (單次捐款 One-off Donation)

香港上海滙豐銀行 002-1-141585 Direct pay-in HSBC A/C No.: 002-1-141585

請連同存款收條正本寄回。 Please send us the original copy of the transfer slip, together with this form.

信用卡捐款 Credit Card (單次捐款 One-off Donation / 每月捐款 Monthly Donation)

VISA MASTER

信用卡號碼 Card No

持咁人姓名 Card Holder's Name	有效日期 Expiry Date	持咁人簽署 Cardholder's Signature	日期 Date
	月 month - 年 year (最少兩個月內有效 Valid for at least 2 months)		

簽名必需與閣下的信用卡簽名完全相同，以上資料如有任何修改，請在旁簽署。
Please ensure that you sign the form and any changes, the same way as you sign your credit card accounts.

銀行戶口每月自動轉賬 Bank Monthly Direct Debit (每月定期捐款 Monthly Donation)

請填妥以下「直接付款授權書」並連同此表格之正本寄回。如表格有任何更改，請在旁簽名以示確認。
Please fill the authorisation form below and mail with this original form to us. Please sign against any amendment(s) / correction(s).

Name of the party to be credited (The Beneficiary) 收款之一方(收帳人)		Bank No. 銀行編號	Branch No. 分行編號	Account No. 戶口號碼
香港防癌會 The Hong Kong Anti-Cancer Society		0 2 4	2 6 7	3 1 5 9 0 1 0 0 1
My/Our Bank Name and Branch 本人(等)的銀行及分行的名稱		Bank No. 銀行編號	Branch No. 分行編號	My/Our Account No. 本人(等)的戶口號碼
# My/Our Address as recorded on Statement/Passbook # 本人(等)在結單/存摺上所紀錄的地址				Contact Telephone No. 聯絡電話號碼
*Limit for Each Payment / Month *每次/月付款的限額	Expiry Date (day/month/year) 到期日(日/月/年)	My/Our Name(s) as recorded on Statement/Passbook 本人(等)在結單/存摺上所紀錄的名稱		
# Name of Debtor (if other than Account Holder) # 付款人的姓名(若非戶口持有人)		My/Our Signature(s) 本人(等)的簽署		
+ Debtor's Reference (Compulsory Field) + 付款人參考(必填之欄)		X		
銀行專用 For Bank Use Only	Remarks	Branch Chop		

* 請刪去不適用者 Please delete whichever is not appropriate # 請以英文正楷填寫 Please write in Block Letters + 由香港防癌會職員填寫 This is completed by HKACS staff

當申請被確認後，香港防癌會將寄專函，通知您自動轉賬生效日期。自動轉賬將大約於每月五號過賬(請註意，銀行戶口自動轉賬批核需時約一至兩個月)。Once your application has been confirmed, you will receive a welcome letter indicating the commencement date of your monthly donation, which will be debited on about the 5th of each month. (please note: it may take up to 8 weeks for a bank to process an auto-pay application or credit card direct debit.)

如選擇一次過捐款幫助我們，捐港幣100元以上，將獲發收據以作免稅之用，而全年捐款收據將於每年四月寄出予每月捐款者。If you are making a one-off donation, the official receipt for tax purposes will be issued for amounts of \$100 or more. An annual receipt will be issued in April for monthly donation.

備註Remarks:

- 若您希望更改轉賬事宜，請通知我們以索取更改表格。Should you wish to change your donation at any time, simply notify us to send you a change of donation instruction form.
 - 若您於該月廿五號或之前提出更改捐款金額，便可於下一個月生效。Any change requests that reach us on or before the 25th of the month will be effective in following month.
 - 若您決定終止每月自動捐款，請通知我們及填妥終止捐款表格。In case of cancellation, we request you send us a completed cancellation form.
- 以上資料只作發收據及推廣本會日後其他資訊之用，絕不外洩。如欲拒絕收取有關資料，請與本會聯絡。
The personal data collected will be treated as strictly confidential and will be used only for receipting and other communications with you. If you do not want to receive other information in the future, please contact us. Please fill the authorisation form below and mail with this original form to us. Please sign against any amendment(s) / correction(s).

條款及細則 TERMS AND CONDITIONS:

- 本人(等)同意本人(等)之銀行毋須證實該等轉賬通知是否已交予本人(等)。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.
- 如因該等轉賬令本人(等)之帳戶出現透支(或令現時之透支增加)，本人(等)應共同及個別承擔全部責任。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).
- 本人(等)確認本人(等)在此表格上的簽署與本人(等)用以轉賬的戶口的簽署相同。I/We confirm that my/our signature(s) on this application form is/are the same as that/those for the operation of my/our Savings/Current Account to be debited for the transfer.
- 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)。This Direct Debit Authorisation shall have effect until further notice or until the expiry date written above (whichever shall first occur).
- 本人(等)同意通知香港防癌會任何銀行戶口的變更或取消付款方式，亦同意如本人(等)的戶口並無足夠款項支付該等授權轉賬，本人(等)的銀行可收取有關的收費。I/We agree to notify The Hong Kong Anti-Cancer Society of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our Bank (s) for a (s) transfer, my/our Bank (s) may charge a fee for such cancellation/variation to take effect.



NO POSTAGE
STAMP
NECESSARY IF
POSTED IN
HONG KONG
如在香港投寄
毋須貼上郵票

香港防癌會
香港黃竹坑南朗山道30號
簡便回郵號碼16

The Hong Kong Anti-Cancer Society
30 Nam Long Shan Road
Wong Chuk Hang, Hong Kong
Freepost No. 16