

我樂意每月捐助關懷愛滋
I would like to support AIDS Concern through Monthly Donation

MONTHLY DONATION AMOUNT 每月捐款額

HK \$500 HK \$300 HK \$200 HK \$150 HK \$

MY DETAILS 個人資料 (Please write in BLOCK letters 請以英文填寫)

Name in English : Mr / Ms / Miss 英文姓名 : 先生 / 女士 / 小姐	(Surname 姓)	(First name 名)
Name in Chinese 中文姓名 :	Year of Birth 出生年份 :	
Mobile Tel 手提電話 :	Home Tel 住宅電話 :	
Office Tel 辦公室電話 :	Fax No. 傳真 :	
E-mail 電郵 :		
Address 地址 :		
Flat/ Room 室	Floor 樓	Block 座
Bldg./Mansion/House 大廈	Court/Estate/Street/Road 屋苑/街道	HK 香港/KLN 九龍/NT 新界
District 地區		

DONATION METHOD 捐款方法

Credit Card 信用卡 VISA/Master Card Others

Credit Card Issuing Bank 發卡銀行 :
Credit Card No. 信用卡號碼 :
Cardholder's Name 持卡人姓名 :
Card expiry date 卡有效日期至* : (三個月內有效) mm/yy

Cardholder's Signature 持卡人簽名

* Valid after expiry date until further notice 每月捐款將在信用卡到期後自動延續。
Credit card transactions will normally be processed on the 15th day of the month 信用卡每月約 15 號轉帳。

Bank Autopay 銀行自動轉帳 (Fill in the authorisation form on the right 請填妥右面授權書)

Your personal details will be kept confidential 個人資料將予保密

Donations of HK\$100 or above are tax deductible. 捐款港幣一百元或以上可扣減稅款。
Cash donation on location is not accepted. 恕不接受即場現金捐款。
The above information will be used for receipting, fundraising and communication purposes only.
Please notify us in writing if you do not wish to receive future mailings from AIDS CONCERN.
此資料只會作發出收據、募捐及通訊用途。若閣下不希望收到本會之通訊，請來函通知。

Venue:	Donor No:
Date:	Time:
Fundraiser:	Team Leader:
	Remarks:



Tel 電話 : (852) 2898 4411
Fax 傳真 : (852) 2505 1682
E-mail 電郵 : enquire@aidsconcern.org.hk
Website 網址 : www.aidsconcern.org.hk
17B, Block F, Lok Man Road, Chai Wan, Hong Kong
香港柴灣樂民道3號F座17樓B

I clearly understand this is a monthly donation
本人清楚明白每月捐款計劃

Signature 簽名

DDC-MS

銀行自動轉帳授權書 Direct Debit Bank Autopay Authorisation Form

Name of party to be credited (The Beneficiary) 收款之一方 (受益人)

關懷愛滋 AIDS CONCERN FOUNDATION LTD.

Bank no. 銀行編號	Branch no. 分行編號	Account No. to be credited 收款帳戶之號碼
0 1 5	1 4 4	4 0 4 0 0 0 3 4 5

1. My/our full name(s) with my/our Bank 本人/吾等之銀行戶口姓名
Mr/ Ms/ Miss 先生/女士/小姐

2. My/our full address 本人/吾等之地址

Flat/ Room 室	Floor 樓	Block 座
Bldg./Mansion/House 大廈	Court/Estate/Street/Road 屋苑/街道	HK 香港/KLN 九龍/NT 新界
District 地區		

3. Contact tel. no. 聯絡電話	4. Date of completing form 填表日期
	D/ M/ Y

5. Bank and Branch name
銀行及分行名稱

6. Bank no. 銀行編號	Branch no. 分行編號	Savings / Current Account No. 本人/吾等之儲蓄/來往戶口號碼

7. Hong Kong ID Card No. :
香港身份證號碼 : () () () () () () () () () ()

8. My/our signature(s) 本人/吾等之簽名

在結單/存摺上所記錄之簽名
Sign your name as recorded on statement/passbook

For official use Only 此欄不用填寫

For AIDS CONCERN Use 由關懷愛滋填寫 Debtor's reference 捐款人編號	For bank use 以下由銀行填寫	Signature verified 簽名式樣

Only originals are accepted, any alteration requires signature.
請交回表格正本，任何塗改請簽名以示確認。

I/we hereby authorise AIDS CONCERN to initiate and the Bank named above to process debits to my/our account notwithstanding that to do so may result in an overdraft or an increase on the existing overdraft on my/our account. Should there be insufficient funds in my/our account to meet such transfer hereby authorised, 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 authorisation at any time on one week's written notice. I/we agree to notify AIDS CONCERN of any change of bank account or cancellation of payment method. 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 one week prior to the date on which such cancellation or variation is to take effect. 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. I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our above-mentioned account which may arise as a result of any such transfer(s).

本人/吾等茲授權關懷愛滋及上述銀行，由本人/吾等之銀行帳戶內支付帳款。如因支付後引致本人/吾等帳戶透支，或增加原有的透支金額，亦請照付。但銀行方面，則可因本人/吾等之存款不足而拒予撥付，且銀行可收取慣常之收費，亦可隨時以一星期書面通知取消本授權書。本人/吾等同意通知關懷愛滋有關更改銀行帳戶或取消轉帳付款方式。本人/吾等同意取消或更改本授權書之任何通知須於取消或更改生效日最少一星期之前交與本人/吾等之銀行。本人/吾等同意本人/吾等之銀行無須證實該等通知是否已交付本人/吾等。如因該等轉帳而令本人(等)之上述戶口出現透支(或令現時之透支增加)，本人(等)會共同及各別承擔全部責任。

Bank Autopay transactions will normally be processed on or about the 7th day of the month. 銀行戶口每月的7號自動轉帳