



請以正楷填寫下列表格，並寄回香港癌症基金會，簡便回郵十號 (毋須郵票) 或傳真致本會 3667 2100。

Please complete the form below in BLOCK LETTERS and return to us by post to Hong Kong Cancer Fund, Freepost No.10, Hong Kong (no stamp required) or by fax 3667 2100.

個人資料 Personal Information (請用英文填寫 In BLOCK LETTERS please)

姓氏 先生 / 太太 / 小姐 Surname Mr. / Mrs. / Ms. _____ 名字 First Name _____ 中文姓名 Chinese Name _____

地址 Address _____

捐款者編號 Donor No. _____

香港身份證 / 護照 號碼 HKI.D. Card / PPT No. _____ 出生日期 Date of Birth _____ 日 D _____ 月 M _____ 年 Y

電郵 Email _____

聯絡號碼 Contact Number _____ 手提電話 Mobile _____ 辦公室電話 Office _____ 住宅 Home _____ 傳真 Fax _____

通信語言選擇 (請選其一) Language preference (select one only) 英文 English 中文 Chinese

請選擇以何種途徑讓我們跟您分享本會的工作進展及最新消息。 Please tell us how you would like to receive our latest news and developments

電郵 Email 一般郵件 Post 電郵及一般郵件 Both

每月捐款金額 Monthly Donation Amount

我願意每月定期捐款 I would like to make a monthly donation of

HK\$200 HK\$300 HK\$500 HK\$1,000 HK\$ _____

捐款方法 Donation Methods

信用卡 Credit Card (請傳真至 Please fax to 3667 2100)

信用卡類別 Credit Card Type Visa Mastercard Amex

持卡人姓名 Cardholder's Name _____

信用卡號碼 Credit Card No. _____

簽發銀行 Card Issuing Bank _____

有效日期 Expiry Date _____ 月 Month _____ 年 Year (*有效期不少於兩個月 minimum valid for 2 months)

持卡人簽署 Cardholder's Signature _____

每月捐款將在信用卡到期後自動延續
Monthly donation continues after card
expiry until further notice given.

銀行專用 Official Use Only

授權密碼 Authorisation Code _____ 日期 Date _____

每月自動轉賬 Monthly Autopay

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

HONG KONG CANCER FUND 香港癌症基金會

Bank no.
銀行編號

0 | 0 | 4

Branch no.
分行編號

5 | 6 | 7

Account no. to be credited
收款賬戶號碼

3 | 6 | 6 | 0 | 8 | 3 | 0 | 0

Until further notice I/We hereby authorise HKCF to initiate and the Bank named below to process debits to my/our account notwithstanding that to do so may result in an overdraft or an increase in the overdraft on my/our account and provided further that the amount of each such transfer shall not exceed the limit indicated below. 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 may make the usual charge and that it may cancel this authorisation at any time on one week's written notice. 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 or variation is to take effect. I/We agree that our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.

直至另行通知為止，本人 / 號 / 公司茲授權香港癌症基金會及下述銀行，由本人 / 號 / 公司之銀行帳戶內支付賬款。惟每次轉賬金額不得超過以下指定之限額。如因支付後，引致本人 / 號 / 公司賬戶透支，或增加透支金額，亦請照付。但銀行方面，則可因本人 / 號 / 公司之存款不足而拒予撥款，亦可因轉賬賬碼與下述賬碼不符時，拒予撥款。且銀行可收慣常之收費，亦可隨時以一星期書面通知取消本授權書。本人 / 號 / 公司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兩個工作天之前交與本人 / 號 / 公司之銀行。本人 / 號 / 公司同意本人 / 號 / 公司之銀行無須證實該等轉賬通知是否已交付本人 / 號 / 公司。

為方便電腦處理，以下資料以英文填寫 Please print in BLOCK letters

1. My/our full name(s) 本人 / 吾等之姓名

Mr./Ms./Mrs. 先生 / 小姐 / 太太 _____
Please write surname first (請先寫姓氏)

2. Bank name 銀行名稱

3. Bank no.
銀行編號

Branch no.
分行編號

Account no.
賬戶號碼

4. HKID Card No. 香港身份證 / PPT No. 護照 / B.R. No. 商業登記號碼

5. Date of completing form 填表日期

Debtor's reference (For HKCF use) 由本會填寫

Donor's Signature 捐款人簽署 _____

I hereby authorise Hong Kong Cancer Fund to debit the monthly donation from my bank account as per the above. The authorisation will continue unless notice is given to Hong Kong Cancer Fund.
本人授權香港癌症基金會每月由本人上述之銀行戶口轉賬指定金額以作每月捐款，直至另行通知。

* 表格上如有任何塗改，請在旁簽署。 Please sign against any alterations you make on this form.

港幣一百元或以上的捐款，可憑收據申請扣減稅項。 All donations of HK\$100 or above are tax deductible.

您的個人資料將保密處理，並只會用作捐款、捐助服務及通訊用途。

Your personal information will be treated as strictly confidential and used for donation, donor services and communication purposes only.

我們非常樂意向您匯報本會的工作進展及最新消息。若您仍然不想收到我們的通訊，請來函通知。

Hong Kong Cancer Fund is keen to report to you our latest news and development. If you still prefer not to receive mailings from us, please notify us in writing.

多謝您的慷慨捐助！如對捐款有任何疑問，歡迎致電「癌症基金會之友」熱線3667 6332，或電郵致cof@hkcf.org。

Thank you for your generosity. If you have any enquiries, please call our COF Hotline at 3667 6332 or email to cof@hkcf.org

