

捐款者資料 Donor's Information (請用您選擇收取通訊的語言填寫下列資料 Please fill in your personal details based on the language preference you select below)

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

地址 Address _____

捐款者編號 Donor No. _____ 香港身份証 / 護照 號碼 HKID Card/Passport No. _____

出生日期 Date of Birth _____ 日 D _____ 月 M _____ 年 Y 電郵 Email _____

電話 Tel: 手提 Mobile _____ 住宅 Home _____ 辦公室 Office _____ 傳真 Fax _____

通訊語言選擇(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 不用, 謝謝 No, thanks!

收據抬頭 Name on receipt: _____ (Mr/Ms/Mrs)

每月捐款金額 Monthly Donation Amount

我願意每月捐款 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

信用卡類別 Credit Card Type Visa MasterCard American Express

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 _____ 日期 Date _____

*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.

銀行自動轉賬 Bank 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
004

Branch no.
分行編號
567

Account no. to be credited
收款賬戶號碼
36608300

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, 亦可因轉賬銀碼與下述銀碼不符時, 拒予撥發, 且銀行可收非常之收費, 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。

My/our full name(s) 本人 / 吾等之姓名 Please write surname first (請先寫姓氏)
Mr./Ms./Mrs. 先生 / 小姐 / 太太

Bank name 銀行名稱	Bank no. 銀行編號	Branch no. 分行編號	Account no. 賬戶號碼

HKID Card 香港身份証/PPT 護照/B.R. Number 商業登記証號碼	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。

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

請填妥本表格, 傳真 3667 2100, 或郵寄香港癌症基金會 簡便回郵十號 (如在香港投寄毋須郵票)
Please complete this form and fax to 3667 2100 or mail to: Hong Kong Cancer Fund, Freepost No. 10 Hong Kong (no stamp required if posted in HK)

您的個人資料將保密處理, 並只會用作發出捐款收據、會員服務及通訊、募捐、意見收集, 並邀請您出席健康講座及相關的活動等用途。如您不欲本會使用你的資料作上述用途, 請致電或發送電郵給本會。Your personal information will be treated as strictly confidential and used solely for handling your donation, issuing receipts, providing donor services, communication, appeal fundraising, feedback collection and inviting you to our health talks and relevant activities, etc. Should you find such use of your personal info not acceptable, please call us or send email to us.