



我樂意支持免費癌症支援服務，每月捐款 I would like to make a monthly donation to support free cancer care services

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

捐款者資料 Donor's Information

先生/小姐/女士/太太 姓 名 中文姓名
Mr./ Miss/ Ms./ Mrs Surname First Name Chinese Name

地址
Address _____

電郵 手提電話
Email Mobile No _____

身份證號碼 出生日期 日 月 年
Identity card No Date of Birth D M Y

您的個人資料將保密處理，並只會用作發出本會的捐款收據、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。您可瀏覽本會網頁的收集個人資料聲明查閱有關詳情。

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. You may refer to the Personal Data Collection Policy on our website for details.

本人不願意接收香港癌症基金會的資訊
I do not wish to receive information from Cancer Fund.

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

郵遞 Post 電郵 Email

通信語言選擇 Language preference

中文 Chinese 英文 English

捐款方法 Donation Methods

06W

信用卡 Credit Card (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 is given)

VISA mastercard AMERICAN EXPRESS

持卡人姓名 信用卡號碼
Cardholder's Name Credit Card No. _____

簽發銀行 有效日期
Card Issuing Bank Expiry Date _____月 Month _____年 Year
(有效期不少於兩個月 minimum validity of 2 months)

持卡人簽署
Cardholder's Signature _____

直接付款授權書 Direct Debit Authorisation

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 3
My/Our Bank Name and Branch 本人(等)的銀行及分行名稱	Bank no. 銀行編號	Branch no. 分行編號	Account no. 賬戶號碼	
My/Our Name(s) as recorded on Statement/Passbook 本人(等)在結單/存摺上所紀錄的名稱	For office Use 由本會填寫 Debtor's Reference 付款人編號		Limit for Monthly Payment/Expiry Date 每月付款之限額/到期日(如適用)	
My/Our Bank Account Signature(s) 本人(等)銀行戶口簽署	Debtor Name (如非戶口持有人, 請填寫 Specify if other than Account holder.) 付款人名稱			

Declaration 聲明
1. I/We hereby authorize my/our above named Bank of effect transfers from my/our account to that 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.
2. 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.
3. 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).
4. I/We understand that I/We must maintain sufficient funds in the account one business day (before 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 its banker's correspondent from time to time) for the transfer authorised herein. I/We agree that should there be insufficient funds in my/our account to meet any transfer authorised herein, my/our Bank will be entitled, at its absolute discretion, not to effect such a transfer in which event the Bank may levy its usual charges and may cancel this authorisation at any time without notification to me/us. For the avoidance of doubt, the Bank may cancel this authorisation at its sole discretion at any time without prior notice.
5. This direct debit authorisation shall have effect until further notice or until the expiry date written above (whichever shall first occur). I/We agree that if no transaction is performed on my/our account under such authorisation for a continuous period of 30 months, my/our Bank reserves the right to cancel the direct debit arrangement without prior notice to me/us, even though the authorisation has not expired or there is no expiry date for the authorisation.
6. 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/variation is to take effect.

1. 本人(等) 現授權本人(等) 的上述銀行, (根據收款人或其往來銀行及/或代理行不時給予本人(等) 銀行的指示) 自本人(等) 的戶口內轉賬予上述收款人。惟每次轉賬金額不得超過以上指定的限額。
2. 本人(等) 同意本人(等) 的銀行毋須證實該等轉賬通知或沖銷通知是否已交予本人(等)。
3. 如因該等轉賬而令本人(等) 的戶口出現透支(或令現時的透支增加), 本人(等) 願共同及個別承擔全部責任。
4. 本人(等) 明白本人(等) 須在指定的轉賬日期(即根據本人(等) 的銀行從收款人或其往來銀行及/或代理行不時收到的指示) 前一個營業日(分行辦公時間內), 在戶口內備有足夠款項以便支付該等授權轉賬。本人(等) 並同意如本人(等) 的戶口並無足夠款項支付該等授權轉賬, 本人(等) 的銀行有絕對酌情權不予轉賬, 且本人(等) 的銀行可收取慣常的收費, 並可隨時取消該等授權轉賬且毋須通知本人(等)。為避免疑問, 本人(等) 的銀行可隨時自行決定取消該等授權轉賬且毋須通知本人(等)。
5. 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) 本人(等) 同意如本人(等) 已設立的直接付款授權的戶口連續三十個月內未有根據本授權而作出過賬的紀錄, 本人(等) 的銀行保留權利取消本直接付款安排而毋須另行通知本人(等), 即使本授權書並未到期或未有註明授權到期日。
6. 本人(等) 同意, 本人(等) 取消或更改本授權書的任何通知, 須於取消/更改生效日最少兩個工作天前交予本人(等) 的銀行。

* 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, 可憑收據申請稅務扣除。All donations of HK\$100 or above are tax deductible.

請填妥本表格寄回香港癌症基金會, 簡便回郵十號 GPO (免貼郵票) 或傳真 3667 2100。謝謝!

Please complete this form and return to Hong Kong Cancer Fund, Freepost No. 10 GPO, Hong Kong (no stamp required) or by fax 36672100. Thanks!

