

我樂意捐助心晴行動慈善基金

I want to support Joyful (Mental Health) Foundation

請在適當的空格內  Please tick the appropriate box(es)

**捐款計劃 Donation Plan**

每月定期捐款 Monthly Donation

一次性捐款 One-Off Donation

( HK \$500  HK \$300  HK \$100  HK \$ \_\_\_\_\_ )

**捐款者資料 Donor Information**

中文姓名 Name in Chinese: \_\_\_\_\_ 先生/女士/太太

英文姓名 Name in English:

Mr/ Ms/ Mrs \_\_\_\_\_ (姓 Surname) \_\_\_\_\_ (名 First Name)

聯絡電話 Contact No.: \_\_\_\_\_

電 郵 Email: \_\_\_\_\_

地 址 Address: \_\_\_\_\_

**捐款方法 Donation Method**

**方法 1**

信用咭 Credit Card ( VISA   Master Card  )

發咭銀行 Card Issuing Bank: \_\_\_\_\_

信用咭號碼 Credit Card No.: \_\_\_\_\_

持咭人姓名 Cardholder's Name: \_\_\_\_\_

有效日期 Card Expiry Date: \_\_\_\_\_ 月 M / \_\_\_\_\_ 年 Y

持咭人簽名:

Cardholder's Signature: \_\_\_\_\_

\*簽名必需與 閣下之戶口簽名完全相同，表格上如有任何塗改，請在旁簽署。

\*Please ensure that you sign the form in the usual way that you would sign your bank account and sign against any alternations you make on this form.

**方法 2**

支票號碼 Cheque Number: \_\_\_\_\_

\*抬頭請寫「心晴行動慈善基金」

\* Please enclose a crossed cheque payable to "Joyful (Mental Health) Foundation"

**方法 3**

直接存入戶口 By Direct Transfer

(1) 中國銀行 Bank of China: 012-882-0-004522-8

(2) 上海商業銀行 Shanghai Commercial Bank Ltd: 354-82-03266-1

(3) 匯豐銀行 HSBC: 411-406-747-838

\*請將支票或收條連同表格傳真至 2144 6331 或寄回本會。

\*Please fax the cheque or the bank-in slip together with the donation form at 2144 6331 or mail to us.

**方法 4**

銀行戶口自動轉賬授權書 Bank Direct Debit Authorisation

收款之一方(受益人) Name of the party to be credited (the beneficiary):

心晴行動慈善基金 Joyful (Mental Health) Foundation

銀行編號 Bank No.	分行編號 Branch No.	收款賬戶之號碼 Account No. to be credited
025	354	82032661

本人/ 吾等在結單/存摺上所記錄之名稱

My/ Our Name (s) recorded on statement/ passbook

中文姓名 Name in Chinese: \_\_\_\_\_ 先生/女士/太太

英文姓名 Name in English:

Mr/ Ms/ Mrs \_\_\_\_\_ (姓 Surname) \_\_\_\_\_ (名 First Name)

本人之銀行名稱及分行名稱: \_\_\_\_\_

My/ Our bank name and branch name

過賬限額 Debit Limit: \_\_\_\_\_

到期日 Expiry Date: \_\_\_\_\_

電話 Contact No.: \_\_\_\_\_

銀行編號 Bank No.	分行編號 Branch No.	本人/吾等之賬戶之號碼 My/ Our Account No.

本人/ 吾等之存摺所記錄之地址(若與上方地址不同):

My/ Our address as recorded on statement/ passbook (If different from the above)

本人/ 吾等之簽名\*:

My/ Our signature(s)\*: \_\_\_\_\_

日期 Date: \_\_\_\_\_

\*簽名必須與 閣下之戶口簽名完全相同，表格上如有任何塗改，請在旁簽署。

\*Please ensure that you sign the form in the usual way that you would sign your bank account and sign against any alternations you make on this form.

\*直至另行通告為止，本人/吾等茲授權「心晴行動慈善基金」及上述銀行，由本人/吾等之銀行賬戶內支付上述授權書內指定的捐款額，惟每次轉賬不得超過以上指定之限額。本人/吾等現授權本人/吾等之上述銀行，(根據受益人不時給予本人/吾等銀行之指示)自本人/吾等賬戶內轉賬予上述受益人。如因該等轉賬而令本人/吾等之賬戶出現透支(或令現時之透支增加)，本人/吾等願共同及個別承擔全部責任。但銀行方面，則可因本人/吾等存款不足而拒予撥付，亦可因轉賬銀碼不符時，拒絕撥付，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/吾等之銀行。本人/吾等同意本人/吾等之銀行無須證實該等轉賬通知是否已交付本人/吾等。

\*Until further notice I/ we hereby authorise “Joyful (Mental Health) Foundation” to initiate the bank named above to process debits to my/ our account that of the above named beneficiary in accordance with such instructions and notwithstanding that to do so may result in an overdraft (or an increase in existing overdraft) on my/ our account which may arise as a result of any such transfers and provided further that the amount of each such transfer shall not exceed the limited indicated above. Should there be insufficient funds in my/ our account to meet any transfer hereby authorised, my/ our bank shall be entitled, in this 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 have been given to me/ us.

\*選擇每月定期捐款，銀行會於每月 20 號過數。

\*Transaction will normally be processed on or around 20<sup>th</sup> of every month.

\*請直接傳真銀行自動轉賬授權書至 2144 6331 或寄回至本會。

\*Please fax this bank direct debit authorisation at 2144 6331 or mail it to us.

銀行專用 For Bank Use Only

簽名樣式 Signature(s) Verified:	備註 Remarks:
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由本會填寫

捐款人編號： Donor’s Ref	收款日期： Received Date	收據編號： Receipt No.
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備註 Remarks：

- 凡捐款滿\$100 可獲發捐款收據作扣稅用途。  
Tax deductible receipt will be issued for donation of HK\$100 or above.
- 以上資料只會用作發收據及募捐用途。  
The above information will only be used for issuing receipt and fundraising purposes.