

捐款表格 Donation Form

如蒙支持捐助, 請將填妥之捐助表格寄回, 香港灣仔駱克道 300-306 號浙江興業大廈 18 樓
Please send the completed form to, 18/F, ZJ 300, 300-306 Lockhart Road, Wanchai, Hong Kong

請在適當方格內填上 ✓ 號; 請 * 刪去不適用者
Please ✓ the appropriate boxes; Please * delete where inappropriate



捐助人資料 Donor's Information

姓名 Name (中文) _____ (先生 / 女士 / 小姐 *) (English) _____ (Mr / Ms / Miss *)
聯絡電話 Contact Phone No. _____ # 電郵 Email _____ (如需電子收據 For E-Receipt)
地址 Address _____ (如需紙本收據 For Paper Receipt)
(*若資料欠奉, 恕未能寄發收據。 Beam regrets that we cannot provide receipts to donors who fail to provide the information.

捐款資料 Donation Information

本人樂意捐款支持 I would like to make a donation :

每月定期捐款 Regular Monthly Donation 捐款金額 Donation Amount : HK\$1,000 HK\$500 HK\$200 HK\$100 HK\$ _____
 一次性捐款 One-off Donation 捐款金額 Donation Amount : HK\$1,000 HK\$500 HK\$300 HK\$ _____

捐助方法(適用於每月定期捐助) Donation Methods (For Regular Monthly Donation)

銀行戶口每月自動轉賬授權書 Bank Monthly Autopay Authorization Form
(只接受正本, 表格上如有任何塗改, 請在旁簽署 Only original is accepted, signature endorsement is required for any alteration)

收款方 (Name of party to be credited / The Beneficiary) 唇顎裂基金會有限公司 Cleft Lip & Palate Foundation Limited	銀行編號 Bank Code 041	分行編號 Branch No. 256	收款賬戶號碼 Account No. of Party 101147302
1. 本人(等)在結單/存摺上所紀錄之名稱 My/Our Name as recorded on Statement /Passbook	2. 本人(等)之銀行及分行之名稱 My/Our Bank Name and Branch Name		3. 每次最高付款限額 Limit for each payment 港幣 HK\$ _____
4. 銀行戶口紀錄之身份証號碼 My / Our Hong Kong Identity Card No.	5. 銀行編號 Bank Code	6. 分行編號 Branch No.	7. 本人(等)之賬戶號碼 My/Our Account No.
8. 本人(等)之簽名 My / Our signature(s) 簽名必須與 閣下(等)之戶口簽名完全相同 Same as the signature(s) of your bank account			每月自動轉賬日期約為 25 號, 但自月捐款及個別情況例外。 Direct debit transaction will normally be processed on or around the 25th day of the month (except first month donation and special cases).

備註 Notices:

- 本人(等)現授權本人(等)之上述銀行(根據受託人轉給予本人(等)銀行之指示), 自本人(等)之賬戶內轉予上述受託人。
I/We hereby authorize my/our above named Bank to effect transfer from my/our account to that of the above named beneficiary in accordance with such instructions. My/our Bank may receive from the beneficiary from time to time.
- 本人(等)同意本人(等)之銀行無須證實該等轉賬通知是否已交予本人(等)。 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.
- 如該轉賬而令本人(等)賬戶出現透支(或令現時之透支增加), 本人(等)願共同及個別承擔全部責任。 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).
- 本人(等)同意本人(等)之賬戶並無足夠款項支付該授權轉賬, 本人(等)之銀行有權不予轉賬, 且銀行可收取備書之費用。
I/We agree that should there be insufficient funds in my/our accounts to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to affect such transfer in which event the Bank may make the usual charge.
- 本人(等)同意, 本人(等)取消或更改本授權書之任何通知, 須於取消/更改生效日最少兩個工作天前交予本人(等)之銀行, 並同時通知上述受託人。
I/We agree that any notice of cancellation or variation of this authorization 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 and at the same time such notice shall be given to the beneficiary.
- 本人(等)確認本人(等)在此表格上的簽名與本人(等)用以轉賬的戶口的簽名相同。本直接付款授權書將繼續生效直至通知為止或會通知唇顎裂基金會有限公司任何銀行戶口的變更或取消交費方式。
I/We confirm my/our signature(s) on this form is/are the same as the signature(s) of my/our Bank account given above. Until further notice, I/We hereby authorize Cleft Lip & Palate Foundation Limited to initiate and the Bank named above to process details to my/our account from time to time.

信用卡 Credit Card VISA Master Card

信用卡號碼 Card No. _____ 有效日期至 Expiry Date _____ (MM 月 / YY 年)

持卡人姓名 Cardholder's Name _____ 持卡人簽署 Cardholder's Signature _____

- 簽名必須與 閣下(等)之戶口之簽名完全相同, 表格上如有任何塗改, 請在旁簽署。 Please ensure that the signature used is the same as that on your credit card, and sign all amendments in the same way.
- 本人(等)現授權唇顎裂基金會有限公司由本人(等)之信用卡賬戶內定期扣除上述之款項, 直至另行通知為止。本人(等)同意此授權書於本人之信用卡有效期後及繼續發新卡時繼續生效, 並須另行填妥通知書。如須要取消或更改本授權書, 請於取消或更改生效日期 7 個工作天前以書面通知唇顎裂基金會有限公司。
I/We hereby authorize Cleft Lip & Palate Foundation Limited to charge my/our card account for the relevant accounts specified above. This authorization shall have effect until further notice. I/We agree that this authorization shall have effect after the valid date of the credit card or replacement of the credit card, and no authorization form will be submitted again. I/We agree that any notice of cancellation or variation of this authorization shall be given at 7 working days before such cancellation/variation is to take effect.
- 每月自動轉賬日期約為 25 號, 但自月捐款及個別情況例外。 Direct debit transaction will normally be processed on or around the 25th day of the month (except first month donation and special cases).

其他捐助方法(適用於一次性捐助) Other Donation Methods (For One-off Donation)

劃線支票, 抬頭請寫【唇顎裂基金會有限公司】 支票號碼 _____

Crossed Cheque, Payable to 【Cleft Lip & Palate Foundation Limited】 Cheque no. _____

直接存入戶口, 創興銀行 041-256-101147302

Direct Deposit, Chong Hing Bank 041-256-101147302

網上捐款, PayPal 戶口: edonation@clpfl.org 或掃描二維碼

Online Donation, via PayPal Account : edonation@clpfl.org or Scan QR Code



個人收集資料聲明 Personal Information Collection Statement

您的個人資料絕對保密。本會絕不會將閣下之個人資料出售或透露予第三者。個人資料只限用作通訊、籌款、寄送收據及提供活動資訊之用。未經您的同意, 本會不會將您的個人資料用於籌款及提供活動資訊用途。如您不同意, 請在以下空格內加上 ✓ 號。您有權隨時向本會查詢、修改或要求停止使用您的個人資料作上述推廣用途。請於辦公時間致電 3115 0175 行政部。若有任何疑問, 可向本會聯絡。 Your personal data treated as strictly confidential. CLPF will never disclose or sell your personal data to any third parties. It will be used for communication, fundraising, receipt issuance and providing event information. CLPF will not use your personal data for fundraising and providing event information purposes unless you give your consent. If you do not agree to the use of your personal data for the above purposes, please indicate by putting a tick in the box below. You have the right to access, correct and request Beam to stop using your personal data for the above purposes at any time by calling 3115 0175 Admin Department during office hours. Please contact CLPF for any query.

本人不同意唇顎裂基金會使用我的個人資料作上述推廣用途。 I do NOT wish to the use of my personal data by CLPF for the above promotional purposes.

捐款收據 Donation Receipt

電子收據 E-receipt 郵寄收據 Paper Receipt 毋須收據 No Receipt 收據上之姓名 Receipt Name if different from above : _____
捐款港幣 100 元或以上可扣稅稅款。 以作扣稅之用。 Donations of HK\$100 or above are tax deductible.