



## 捐款表格 Donation Form

### 本人願意 I would like to

每月以銀行自動轉賬定期捐款 Make donation on a monthly basis by bank direct debit  
 HK\$3,000     HK\$1,000     HK\$500     HK\$300     HK\$100     其他 Other HK\$ \_\_\_\_\_

單次形式捐款 Make a one-off donation of the following amount:  
 HK\$3,000     HK\$1,000     HK\$500     HK\$300     HK\$100     其他 Other HK\$ \_\_\_\_\_

### 捐款者個人資料 Donor's Personal Information

中文姓名  
Chinese Name: \_\_\_\_\_

先生／小姐  
Mr.／Ms. \_\_\_\_\_

聯絡電話  
Tel. No.: \_\_\_\_\_

傳真號碼  
Fax No.: \_\_\_\_\_

電郵地址  
Email Address: \_\_\_\_\_

地址  
Address: \_\_\_\_\_

\* 任何捐款均可獲發收據，捐款 100 元或以上可憑收據扣減稅項。  
 An official receipt will be sent to you and donation of HK\$100 or above is tax deductible with a receipt.

\* 每月正式捐款收據將於每年四月份寄奉。  
 For monthly donation, an annual receipt will be issued in April.

### 捐款方法 Donation Methods

#### 單次形式捐款 Make a one-off donation

劃線支票 (抬頭請寫「香港風濕病基金會有限公司」)  
 By Cheque (Payable to "Hong Kong Arthritis & Rheumatism Foundation Limited.")

PayPal

轉數快 識別碼：167242957  
 Faster Payment System (FPS) ID: 167242957

#### 每月定期捐款 Make donation on a monthly basis

自動轉賬 (直接付款授權書) Autopay (Direct Debit) Authorisation

捐款會於以下自動轉賬(直接)付款授權書的銀行戶口扣除。

Please debit my bank account by completing the Autopay (Direct Debit) Authorisation Form as below.

- I/We hereby authorize my/our below named Bank to effect transfers from my/our account to that of the below named beneficiary in accordance with such instruction 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 below. 本人(等)現授權本人(等)的下述銀行, (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)的戶口內轉賬予下述收款人。惟每次轉賬金額不得超過以下指定的限額。
- 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. 本人(等)同意本人(等)的銀行毋須證實該等轉賬通知是否已交予本人(等)。
- 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). 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。
- I/We agree that 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. 本人(等)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)的銀行有權不予以轉賬, 且銀行可收取慣常的收費, 並可隨時以一星期書面通知取消本授權書。
- This direct debit authorisation shall have effect until further notice or until the expiry date written below (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. 本直接付款授權書將繼續生效直至另行通知為止或直至下列到期日為止(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。
- 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. 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之前交予本人(等)的銀行。

Name of the party to be credited (The Beneficiary) 收款之一方 (收款人) 香港風濕病基金會有限公司 Hong Kong Arthritis & Rheumatism Foundation Ltd.	Bank No. 銀行編號 0 0 4	Branch No. 分行編號 5 0 2	Account No. 戶口號碼 0 5 4 7 3 7 0 0 1	
My/Our Bank Name and Branch 本人(等)的銀行及分行的名稱	Bank No. 銀行編號 	Branch No. 分行編號 	My/Our Account No. 本人(等)的戶口號碼 	
# My/Our Address as recorded on Statement/Passbook # 本人(等)在結單／存摺上所記錄的地址	Contact Telephone No. 聯絡電話號碼			
*Limited for Each Payment / Month *每次／月付款的限額	Expiry Date (day/month/year) 到期日(日/月/年)	My/Our Name(s) as recorded on Statement/Passbook 本人(等)在結單／存摺上所記錄的名稱		
# Name of Debtor (if other than Account Holder) # 付款人的姓名 (若非戶口持有人)	My/Our Signature(s) 本人(等)的簽署  X			
+ Debtor's Reference (Compulsory Field) + 付款人參考 (必填之欄)				
銀行專用 For Bank Use Only	Remarks			Branch Chop

\* 請刪去不適用者。 Please delete whichever is not appropriate. # 請以英文正楷填寫。 Please write in block letters.

+ 由香港風濕病基金會有限公司職員填寫。 This is completed by HKARF staff.