



每月捐款表格 Monthly Donation Form

捐款者資料 Donor's Information: 個人捐款 Personal Donation 公司捐款 Corporate Donation

姓名/公司名稱 Name/Company Name _____ (先生 Mr. / 女士 Ms.)

聯絡人 Contact Person _____

地址 Address _____

聯絡電話 Tel _____ 電郵 E-mail _____

是否需要收據? Send receipt? 是 Yes 否 No

收據抬頭 Name on Receipt 同上 Same as above _____

銀行戶口直接付款授權書 Monthly Donation Bank Account Direct Debit Authorisation

Name of the Party to be credited (The beneficiary) 收款人之一方 (收款人) The Hong Kong Society for Rehabilitation		Bank No. 銀行號碼 004	Branch No. 分行編號 110	Account No. 戶口號碼 838281-838
本人(等)/本公司戶口紀錄的名稱 My/Our full name(s) English Name _____ 中文姓名 _____				
結單/存摺紀錄地址 My/Our Address as recorded on Statement/Passbook _____				
銀行名稱 Bank Name	銀行編號 Bank No.	分行編號 Branch No.	戶口號碼 My/Our Account No.	
聯絡電話 Contact Telephone No.	每月捐款 Monthly Amount 港幣 HK\$	本人(等)簽名 My/Our Signature(s)		到期日(日/月/年) Expiry date (DD/MM/YY)
Declaration 聲明 1) I/We hereby authorise my/our above named Bank to 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. 本人(等)現授權本人(等)的上述銀行, (根據收款人或其他往來銀行及/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) 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或沖銷通知是否已交予本人(等)。 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). 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) I/We understand 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 authorization at any time without notification to me/us. For the avoidance of doubt, the Bank may cancel this authorization at its sole discretion at any time without prior notice. 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他往來銀行及/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, 且本會(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), 即使本授權書並未到期或未有註明授權到期日。 5) This direct debit authorization 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 authorization 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 authorization has not expired or there is no expiry date for the authorization. 本直接付款授權書將繼續生效直至另行通知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) 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。				
本會職員填寫 For official use only		Debtor Name		檔案編號 Debtor Ref.
銀行專用 For Bank Use Only		Remarks		Branch Chop

備註 Remarks:

- 1) 請將填妥表格寄回、傳真或電郵至香港復康會。Please complete the form and return to The Hong Kong Society for Rehabilitation.
地址: 香港九龍藍田復康徑7號 香港復康會藍田綜合中心1樓 傳訊及資源拓展部
Address: Communication & Resource Development Department, 1/F, HKSR Lam Tin Complex, 7 Rehab Path, Lam Tin, Kowloon, Hong Kong
傳真Fax: 2855 1947 電郵Email: hksrcred@rehabociety.org.hk
- 2) 表格上如有任何塗改, 請在旁簽署。Please sign against any alterations you make on this form.
- 3) 捐款港幣100元或以上可獲慈善捐款收據, 作申請扣稅。Charitable donation receipt will be issued for donations of HKD100 or above for you to claim tax deduction.
- 4) 每月捐款收據將會於每年4月發出。Monthly donation receipt would be issued in April of each year.

此表格上之個人資料會保密處理, 本會將用作開發及寄回收據、聯絡及通訊之用, 本會將透過直接郵遞、電郵、電話及短訊等途徑, 向您提供有關本會最新動向、服務推廣、招募義工及籌募活動資訊, 以及用作收集意見等用途。All personal information collected in this form will be treated as strictly confidential & will be used for receipting, communication and further correspondence as donor of HKSR. HKSR may send you the most updated information relating to our services, development, volunteer recruitment & fundraising campaigns and conducting survey for HKSR through various channels such as direct mailing, e-mail, SMS or telephone, etc. 如你不同意上述有關本會使用個人資料的安排, 請於後方空格加「✓」, 然後簽署。 我不同意上述有關使用個人資料的安排 If you disagree on the proposed use of your personal data as stated above, please tick the next box and then sign. I object to the use of my personal data as stated above. 簽署 Signature _____