

捐款表格



我樂意參加「樂樂」「遙遙」助養計劃

(以助養全院所有兒童模式進行,助養費每月最少 80 元,最少助養一年,助養人有機會親自關懷本院兒童。)

按月捐款: \$300 \$200 \$100 其他\$_____ (只限以信用卡或銀行自動轉賬捐款)

按年捐款: \$3,600 \$2,400 \$1,200 其他\$_____

我樂意一次過捐款予「樂樂」「遙遙」助養計劃基金 \$10,000 \$5,000 \$3,000 其他\$_____

捐款人資料 (姓名須與香港身份證/護照上資料相同)

姓名:(中文) _____ 先生/女士 (English) Mr./Ms. _____

地址:(請以英文填寫) _____

手提電話*: _____ 其他聯絡電話: _____ 電郵: _____

*為減省行政費,本院將於十個工作天內,透過電話短訊確認收受此表格。

從何認識本院/助養計劃: _____

您的個人資料將絕對保密,只用作邀請參與助養人活動、通訊、籌募、義工招募及收集意見之用途。請以“✓”表示:本人

同意 / 不同意聖基道兒童院向我提供上述資料。(如閣下未有表明是否同意,本院將假定閣下接受本院向閣下發出上述資訊,直至另行通知。)若有任何疑問,請致電 3756 4488 與本院聯絡。

請選擇捐款方法:

信用卡 (表格可直接傳真至: 2520 1725) Visa Mastercard

持卡人姓名: _____ 信用卡號碼: _____

有效日期至: _____ 年(最少兩個月內有效) 持卡人簽署: _____

(若使用信用卡每月定期捐款,本院將按月從以上戶口收取捐款,直至捐款人另行通知。)

銀行自動轉賬 請填妥以下之直接付款授權書,並寄回正本。

網上捐款 請登入 www.skhsch.org.hk 網上捐款系統直接捐款。

劃線支票 抬頭請寫「聖公會聖基道兒童院有限公司」。

*7-Eleven 現金捐款 只適用於單次/按年捐款及現金 100 元至 5,000 元。(請向收銀員指明捐給「聖公會聖基道兒童院」。)

*直接存款或轉數快 請把捐款轉賬至聖公會聖基道兒童院有限公司,存入匯豐銀行戶口 037-002821-001 或使用「轉數快」,流動電話號碼:96016661。

*請將收據或入數紙正本寄回本院,並於背頁寫上姓名、聯絡電話、地址及捐助項目。如使用轉數快,可提供交易紀錄截圖,並連同姓名、聯絡電話、地址及捐助項目,以 WhatsApp (9601 6661)或電郵 develop@skhsch.org.hk 給本院。

注意事項:

- 請在適當空格內打勾。
- 請填妥表格寄回香港北角百福道 21 號香港青年協會大廈 15 樓聖公會聖基道兒童院收或傳真至 2520 1725。
- 若使用信用卡或銀行自動轉賬每月定期捐款,本院將按月從戶口收取捐款,直至捐款人另行通知。收據將於每年 5 月初寄出,以便處理稅務事宜。一次性及按年捐款收據,將於收到捐款後兩個月內寄出。
- 為減省行政費,捐款 100 元以上之捐款人,可獲發收據,憑收據可申請扣減稅款。
- 如有疑問,請致電 3756 4488 與本院職員聯絡。

W-LY-05/23

稅局檔案編號 IR Ref. No.: 91/4261

直接付款授權書 Direct Debit Authorization

我願意以自動轉賬每月定期捐助聖基道兒童院 I would like to donate monthly by autopay

Name of Party to be Credited (The Beneficiary) 收款的一方(受益人)	Bank No. 銀行號碼	Branch No. 分行號碼	Account No. 戶口號碼
Sheng Kung Hui St. Christopher's Home Limited 聖公會聖基道兒童院有限公司	0 0 4	0 3 7	0 0 2 8 2 1 0 0 1

My/Our Bank Name and Branch 本人(等)的銀行及分行名稱	Bank No. 銀行號碼	Branch No. 分行號碼	My/Our Account No. 本人(等)的戶口號碼

My/Our Name(s) as recorded on Statement/Passbook # 本人(等)在結單/存摺上所紀錄的名稱

My/Our Address as recorded on Statement/Passbook 本人(等)在結單/存摺上所紀錄的地址

Limit for Each Payment/*Month *每次/月付款之限額	Expiry Date (day/month/year) 到期日 (日/月/年)	My/Our Signature (s) (as signed for bank account) 本人(等)之簽署(銀行戶口簽名)

Name of Debtor (if other than Account Holder)
債務人的姓名(若非戶口持有人)

For Official Use Only 此欄由本院填寫

For Sheng Kung Hui St. Christopher's Home Limited Debtor's Reference 聖公會聖基道兒童院有限公司債務人參考	For Bank Use Only 銀行專用	Authorized Signature with Branch Chop

- I/We hereby authorize my/our below 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 below. 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。
- I/We agree that my/our Bank shall not be obliged to ascertain whether or not the 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)願共同及分別承擔全部責任。
- I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, 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 authorization 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 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為止或直至上列日期為止(以兩者中最早的日期為準)。本人(等)同意如本人(等)已設立之直接付款授權的戶口連續 30 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 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. 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。

Note 注意事項:

- * Please delete whichever is not appropriate. *請刪去不適用者。
- # Please write in Block Letters. 請以英文正楷填寫。
- It takes the bank almost 2 months to process your first donation. 銀行處理首次捐款需時約兩個月。
- In case of any amendment(s)/correction(s) on the form, please sign next to it. 表格上資料如有任何更改,請在旁簽名為憑。



聖公會聖基道兒童院
S.K.H. St. Christopher's Home
傳愛 傳希望



Donation Coupon

I would like to join "Lok-lok & Yiu-yiu" Sponsorship Scheme

(The Scheme is for all children of the Home. No individual child will be matched. The minimum sponsorship fee is \$80 per month, at least one year commitment. Sponsors will have a chance to meet the Home's children.)

Monthly payment : \$300 \$200 \$100 Others \$ _____ (for credit card or bank autopay only)
Annual payment : \$3,600 \$2,400 \$1,200 Others \$ _____

I would like to make a one-off donation for "Lok-lok & Yiu-yiu" Sponsorship Scheme

\$10,000 \$5,000 \$3,000 Others \$ _____

Donor's Information (The name must be same as HKID / Passport)

Name: Mr./Ms. _____ (中文) _____ 先生/女士

Address: _____

Mobile No. *: _____ Tel No.: _____ E-mail: _____

* To save administration fee, SMS will be sent to your mobile no. as a confirmation of receiving this coupon within ten working days.

From where do you know about the Home/ "Lok-lok & Yiu-yiu" Sponsorship Scheme? _____

Your personal data, treated as strictly confidential, will be used for sponsor's gathering invitation, communication, fundraising, volunteer recruitment and conducting survey for the Home. Please "✓" to indicate: AGREE / DISAGREE S.K.H. St. Christopher's Home to utilize my personal data for any of the above purposes. (If you did not indicate your inclination, the Home will assume you agreed to the utilization of your personal data for the above purposes, until further notification.)

Payment By:

Credit Card (please fax the completed form to: **2520 1725**) Visa Mastercard
Card holder name: _____ Card no.: _____
Expiry date: ____ month/ ____ year (Valid for at least two months) Signature: _____

(If payment by credit card, donation will be debited from your credit card account monthly until your further notification.)

Bank Autopay Please fill in the following Direct Debit Authorization form and return the original to us.

Online Donation Please visit www.skhsch.org.hk and make donation via online donation system.

Crossed Cheque Payable to "Sheng Kung Hui St. Christopher's Home Limited".

***7-Eleven Cash Donation** Applicable for one-off/annual donation; for cash donation of \$100-\$5,000 only. (Please donate at the cashier counter with designation to "S.K.H. St. Christopher's Home".)

***Direct Bank-in** HSBC account no. 037-002821-001.

稅局檔案編號 IR Ref. No. : 91/4261

W-LY-05/23

***Faster Payment System (FPS)** Please transfer the donation to S.K.H. St. Christopher's Home Limited, "FPS" mobile phone number: 96016661

*Please return 7-Eleven's original receipt or bank's original pay-in slip with donor's name, contact no., address and designation of donation written at the back. Payment by FPS, please send us a screen capture of the related transaction history with donor's name, contact no., address and designation of donation to the Home via WhatsApp (9601 6661) or email (develop@skhsch.org.hk) for the donation receipt.

Remarks :

1. Please ✓ whichever appropriate.
2. Please complete the form and return to S.K.H. St. Christopher's Home, 15/F, The Hong Kong Federation of Youth Groups Building, 21 Pak Fuk Road, North Point, H.K. or fax to 2520 1725.
3. For monthly payment by credit card or bank autopay, donation will be debited from your credit card or bank account monthly until your further notification. The official receipt will be sent out in May for tax deduction purpose. One-off and annual donation receipts will be sent to donors within 2 months upon receipt of donation.
4. To save administration fee, official receipts will be issued to donors who contribute \$100 or more for tax exemption.
5. For enquiries, please contact our staff on 3756 4488.

直接付款授權書 Direct Debit Authorization

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聖公會聖基道兒童院有限公司 Sheng Kung Hui St. Christopher's Home Limited

地址 Address: 15/F, The Hong Kong Federation of Youth Groups Building, 21 Pak Fuk Road, North Point, Hong Kong 香港北角百福道 21 號香港青年協會大廈 15 樓

電話 Tel: 3756 4488 傳真 Fax: 2520 1725 網址 Website: www.skhsch.org.hk 電郵 E-mail: develop@skhsch.org.hk