香港紅十字會每月捐款計劃
Hong Kong Red Cross Monthly Donation Program

GD-W1/Apr09

捐款者資料 Donor's Information

姓名 Name	(先生 Mr /女士 Ms)	聯絡電話 Tel	
地址 Address		傳真 Fax	
		電郵 Email	
如收據抬頭與上述姓名不同，請註明： If the name of the receipt is different from the above, please state:_____		捐款者號碼 (如適用) Donor No. (if applicable)	

捐款資料 Donation Informaton

我願意成爲香港紅十字會每月定期捐款者

I would like to join the Hong Kong Red Cross Monthly Donation Program

每月捐款金額 Monthly Donation Amount:

☐ HK$1,000 ☐ HK$500 ☐ HK$300 ☐ HK$200 ☐ HK$100 ☐ _____

(其他捐款金額 Other donation amount)

捐款方法 Donation Method

☐ 透過信用卡每月捐款 By credit card to donate monthly

信用卡捐款者可郵寄或傳真此表格至 2802 0017。Credit Card donation can be sent to us by mail or by fax to 2802 0017

☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS (本會已於 1/4/2009 開始不獲豁免手續費 Service charge is levied with effective from 1/4/2009)

持卡人姓名 Cardholder's Name		持卡人簽名 Cardholder's Signature	
信用卡號碼 Card No.		有效日期至* Expiry Date	月 Month 年 Year

* 本人授權香港紅十字會由本人之信用卡戶口轉賬上述指定金額作定期捐款。此授權在本人之信用卡有效期過後及獲發新卡後仍繼續生效，直至另行通知。
The authorization for the Hong Kong Red Cross to debit the specified amount monthly from his/ her credit card account will continue after the expiry date of the credit card and with the issuance of a new card until further notice.

☐ 透過銀行自動轉賬每月捐款 By bank auto-pay to donate monthly

請把捐款表格郵寄至夏慤道 33 號香港紅十字會總部以設立銀行自動轉賬服務。Please mail the donation form to **HK Red Cross Headquarters, 33 Harcourt Road, HK** for auto-pay set up.

收款人之一方 (受益人) Name of the Party to be credited (The beneficiary) 香港紅十字會 Hong Kong Red Cross	銀行號碼 Bank No. 0 0 4	分行號碼 Branch No. 5 0 0	賬戶號碼 Account No. 3 3 4 1 4 9 0 0 9
本人/吾等之銀行及分行名稱 My/Our Bank Name and Branch	銀行號碼 Bank No.	分行號碼 Branch No.	本人/吾等之賬戶號碼 My/ Our Account No.
本人/吾等在結單/存摺上所紀錄之名稱 My/Our Name(s) as recorded on Statement/Passbook			
本人/吾等在結單/存摺上所紀錄之地址 My/Our Address as recorded on Statement/Passbook			
每月捐款之限額 Limit for Each Monthly Donation ** HK$	本人/吾等之簽名 My/Our Signature(s) **		日期 Date

此欄由本會職員填寫 For official use only

香港紅十字會債務人(捐款人)參考 HKRC Debtor Ref. (Donor Ref.) No.	銀行專用 For Bank Use	簽名式樣 Signature Verified

1) 本人/吾等現授權本人/吾等之上述銀行(根據受益人或其往來銀行不時給予本人/吾等銀行之指示)，自本人/吾等之賬戶內轉賬予上述受益人。惟每次轉賬金額不得超過以上指定之金額。2) 本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。3) 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/吾等願共同及各別承受全部責任。4) 本人/吾等同意如本人/吾等之賬戶並無足夠款項支付該等授權轉賬，本人/吾等之銀行有權不予轉賬，且銀行可徵取慣常之收費，並可隨時以一星期書面通知取消本授權書。5) 本授權書將繼續生效至另行通知爲止。6) 本人/吾等同意，本人/吾等取消或更改本授權書之任何通知，須於取消/更改生效日期最少兩個工作天之前交予本人/吾等之銀行。
** 請確保 閣下在此授權書內之簽名，與銀行賬戶所簽者完全相同。如「每月捐款之限額」一欄未有填上，債務銀行會將轉賬限額設定爲「不設上限」。
1) 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 as my/our Bank may receive from the beneficiary and/or its banker from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated above. 2) I/We agree that my/our Bank shall not obliged to ascertain whether or not notice of any such transfer has been given to me/us. 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 my such transfer(s). 4) 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. 5) This authorization shall have effect until further notice. 6) 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.
** Please ensure that you sign the form in the usual way that you would sign on your Bank Account. If "Limit for Each Monthly Donation" is not specified, the debtor's bank will set the limit as "unlimited".

注意事項 Notes:
1) 你的個人資料將會絕對保密。 2) 香港紅十字會將運用你的個人資料作發出捐款收據、通訊、籌募本會經費及收集意見之用途。我們可能將有關資料提供予第三者服務供應人進行有關運作，但所有資料均絕對保密。 3) 若你不願意收到本會的通訊，請通知我們。
1) Your personal data will be kept confidential. 2) We shall use your personal data for issuing receipts, fostering communications, raising funds and conducting surveys for the Hong Kong Red Cross. We may furnish your data on a strictly confidential basis to third parties who provide service to us in relation thereto. 3) Please inform us if you prefer not to receive any further mailings from the Hong Kong Red Cross.

香港紅十字會 HONG KONG RED CROSS

電話 Hotline: 2802 0021
傳真 Fax: 2802 0017
網址 Website: www.redcross.org.hk
地址 Address: 香港夏慤道 33 號香港紅十字會總部 Hong Kong Red Cross Headquarters, 33 Harcourt Road, HK