



TAISHAN CHARITABLE ASSOCIATION LIMITED

我願意參加「泰山之友」助病苦，每月 或 每年 捐款 (在適用 內加 號)

I would like to join of "FRIENDS OF TAISHAN" and make a monthly or yearly donation of

HK\$20 HK\$50 HK\$100 HK\$200 HK\$300 HK\$500 HK\$1000 隨喜樂捐 Optional \$ _____

個人資料 Personal Information

(* 請把不適用者刪去 Please delete whichever as inappropriate)

先生/小姐/女士/太太 * 姓氏 (英文) 名字 (英文) 中文姓名
Mr./ Miss/ Ms./ Mrs. Surname: _____ Name: _____ Chinese Name: _____

手提電話 辦公室 / 住宅電話 電郵
Mobile: _____ Office/ Home Tel: _____ Email: _____

地址
Address: _____

收據抬頭
Name of Receipt: (Mr. / Ms.) _____ (若與上述捐款人不同方需填寫 Specify if differ from donor name above)

您的個人資料將保密處理，並只會用作發出捐款收據、募捐、意見收集，並邀請您出席健康講座、文化活動及相關的活動等用途。

Your personal information will be treated as strictly confidential and used solely for handling your donation, issuing receipts, providing donor services, communication, appeal fund-raising, feedback collection and inviting you to our health talks, cultural activities and relevant activities, etc.

請在方格內加上勾(✓)號表示：

Please tick (✓) one of the boxes: I wish I don't wish to receive information from Friend of Taishan International Charity Fund.

本人 同意 / 不同意接受泰山之友的資訊。

請選擇以何種途徑跟您分享本會的工作進展及最新消息
Please tell us how you would like to receive our latest news and developments
通訊語言選擇 (請選其一) Language preference (select one only)

電郵 E-mail 一般郵件 Post
 中文 Chinese 英文 English

捐款方法 Donation Methods

(請在適當方格內加上勾(✓)號表示 Please tick (✓) option of the boxes as suitable)

信用卡 Credit Card (每月捐款將在信用卡到期後自動延續 Monthly donation continues after card expiry until further notice is given)

Visa MasterCard American Express

持卡人姓名

Cardholder's name

簽發銀行

信用卡號碼

Card Issuing Bank

Credit Card No.

有效日期 Expiry Date

月 Month

年 Year

持卡人簽署

Cardholder's Signature

(* 有效期不少於兩個月 minimum valid for 2 months)

直接付款授權書 Direct Debit Authorisation (以下資料請用英文填寫 Please print in block letters)

Name of Party to be credited (The Beneficiary) 收款的一方 (受益人)

FRIENDS OF TAISHAN INTERNATIONAL CHARITY FUND

泰山之友國際慈善基金會

HSBC No.

匯豐銀行編號

Branch No.

分行編號

Account no. to be credited

收款帳戶號碼

0 0 4 8 4 8 4 9 1 9 9 9 8 3 8

My/ Our Bank Name and Branch

本人 (等) 的銀行及分行名稱

Bank No.

銀行編號

Branch No.

分行編號

Account no. to be credited

收款帳戶號碼

My/ Our Name(s) as recorded on Statements/ Passbook

本人 (等) 在結單 / 存摺上所紀錄的名稱

For Office Use 由本會填寫

Debtor's Reference 付款人編號

Limit for Monthly Payment/ Expiry Date (if applicable)

每月付款之限額 / 到期日 (如適用)

My/ Our Bank Account Signature(s)

本人 (等) 銀行戶口簽署

Debtor Name (如非戶口持有人, 請填寫 Specify if other than Account Holder.)

1. I/We hereby authorize my/our above named Bank of 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.
2. I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer or reversal notice 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 any such transfer(s).
4. I/We understand that I/We must maintain sufficient funds in the account one business day (before the close of branch banking hours) before the transfer date/s specified in the instructions received by my/our Bank from the beneficiary and/or its banker and/or its banker's correspondent form time to time for the transfer authorized herein. I/We agree that should there be insufficient funds in my/our account to meet any transfer authorized 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 authorisation at any time without notification to me/us. For the avoidance of doubt, the Bank may cancel this authorisation at its sole discretion at any time without prior notice.
5. This direct debit authorisation 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 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.
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.

1. 本人(等) 親授權本人(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。
2. 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. 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. 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, 且本人(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)。
5. 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. 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。

注意事項 Notes:

- 請用藍色或黑色墨水 / 原子筆以正楷填寫本表格後, 請寄回下列地址, 如有查詢歡迎致電本會 2578 0008。
香港九龍觀塘道460-470號 官塘工業中心第二期2樓W8室 泰山公德會秘書處
Please complete the form in block letters with a blue or black ink pen and return to us by post as below specified address:
The Secretariat, Unit W8, 2/F., Phase 2, Kwun Tong Industrial Centre, 460-470 Kwun Tong Road, Kowloon, Hong Kong.
For further enquiries, please call our hotline at 2578 0008.
- 表格上如有任何更正, 請在刪改處旁加簽, 以作核實, 切勿使用任何塗改物料 (如塗改液及改錯帶) 塗改。
Please sign against any alterations you make on this form, and avoid using correction materials such as correction fluid or tapes for obliteration.
- 謝謝閣下的慷慨捐助。凡港幣壹佰圓或以上的善款, 可憑收據向稅務局申請寬減稅項。
Thanks for your generosity. All donations of HK\$100 or above are tax deductible for Inland Revenue Department.





滅癌獻愛心

弘大愛救疾苦

曾志威

愛心月捐港幣20元

有意參加者請WhatsApp 61063535 請參加「泰山之友」助病苦

慈善人人做 福田家家播



泰山公德會 TAISHAN CHARITABLE ASSOCIATION LIMITED

「泰山之友」助病苦 每月或每年捐款 (在適用內加✓號)
"FRIENDS OF TAISHAN" and make a monthly or yearly donation of

HK\$100 HK\$200 HK\$300 HK\$500 HK\$1000 隨喜樂捐 Optional \$

Information (請於不適用者刪去。Please delete whichever is inapplicable.)

姓名 (英文) Name 中文姓名 Chinese Name

地址 (英文) Address 中文地址 Chinese Address

電話 (英文) Telephone 中文電話 Chinese Telephone

出生日期 Date of Birth

(請在適用者內加上✓號表示。Please tick (✓) option of applicability only.)

信用卡 Credit Card (每月捐款將在信用卡到賬後自動扣款。Monthly donation continues after card expiry.)

Visa MasterCard American Express

銀行名稱 Card Issuing Bank

有效日期 Expiry Date

直接付款授權 Direct Debit Authorisation (以下資料請用英文填寫。Please use English for the following information.)

Name of Party to be credited (The Beneficiary) 收款之一方 (受益人) Friends of Taishan International Charitable Fund

My/Our Bank Name and Branch 銀行名稱及分行

施比受更有福 助人為快樂之本

泰山之友國際慈善基金會信任人

弘揚大愛 刻苦行善，財務嚴格監管，敬請大家多多響應。



泰山公德會 中醫慈善門診中心 愛心文化中心
九龍觀塘道460號官塘工業中心二期2樓W8室
(觀塘地鐵D4出口毗鄰，交通十分方便)

參加「泰山之友」助病苦

歡迎各大企業踴躍成為「愛心商戶」參加愛心月捐行動！

呼籲善長參予「愛心捐獻遺產助病苦行動」！

查詢電話：25780008