



泰山公德會

參加全民「泰山之友」助病苦愛心行動 登記表格 Participate "FRIENDS OF TAISHAN" Love Action of Mutual-aid Enrolment Form

TAISHAN CHARITABLE ASSOCIATION LIMITED

我願意參加「泰山之友」助病苦，每月 或 每年 捐款 或 一次性隨喜樂捐款 (在適用 內加 號)

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

HK\$20 HK\$50 HK\$100 HK\$200 HK\$300 HK\$500 HK\$1000 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： 本人 <input type="checkbox"/> 同意 / <input type="checkbox"/> 不同意接受泰山之友的資訊。	Please tick (✓) one of the boxes: <input type="checkbox"/> I wish <input type="checkbox"/> I don't wish to receive information from Friend of Taishan International Charity Fund.
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)	<input type="checkbox"/> 電郵 E-mail <input type="checkbox"/> 一般郵件 Post <input type="checkbox"/> 中文 Chinese <input type="checkbox"/> 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

簽發銀行 Card Issuing Bank _____

有效日期 Expiry Date _____ 月 Month _____ 年 Year _____

持卡人姓名 Cardholder's name _____

信用卡號碼 Credit Card No. _____

持卡人簽署 Cardholder's Signature _____

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 0 0 4 8 4 8	Branch No. 分行編號 4 9 1 9 9 9 8 3 8	Account no. to be credited 收款帳戶號碼
My/ Our Bank Name and Branch (渣打銀行不適用) 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 transfers(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 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 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)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)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)。

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)已建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, 並寄回下列地址或傳真至2571 1032。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 or by fax 2571 1032. 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.

