

你的捐助 將為我們的下一代,帶來零愛滋病感染的未來 Your Donation will help build a future of zero HIV infection for our next generation

本人願意作以下捐款 I would like to make the following donation *每月捐款 MONTHLY DONATION: □ 港幣 HK\$300 □ 港幣 HK\$500 □ 港幣 HK\$1,000 □ 其他 OTHER: 港幣 HK\$_ □ *一次過捐款 ONE-OFF DONATION: □ 港幣 HK\$500 □ 港幣 HK\$1,000 □ 港幣 HK\$2,000 □ 其他 OTHER: 港幣 HK\$. *港幣100元或以上掲款獲發報稅收條。Receipt will be issued for donations of HK\$100 or above. 個人/聯絡資料 Application Details 網上捐款 Online Donation www.aidscare.com.hk/direct-donation □先生 Mr □小姐 Miss □女士 Ms 請到以上連結,便可以使用信用卡作即時捐款,網上捐款免交回此 回條,我們將依據你的資料發收據。 英文姓名(請在姓氏下劃線) You can make real time donation with your credit card on the link above. English Name (Please underline last name) You do not need to return this slip. Receipt will be issued according to the information you provided online. 中文姓名 Chinese Name 支票捐款 Cheque Donation 支票號碼 Cheque No.: Mailing Address 抬頭: 愛滋寧養服務協會有限公司 Payable to "The Society for AIDS Care Limited" 電話 電郵 Tel No. F-mail 直接存款 Direct Deposit 出生日期 請將捐款直接存入本會其中一個銀行戶口,並將收據寄給我們。 月 MM H DD Date of Birth Please deposit the donation into one of our following bank accounts, and send us the receipt. 東亞銀行 BEA account: 015-228-10-400465-6 信用卡捐款 Credit Card Donation 匯豐銀行 HSBC account: 096-158233-838 ☐ Visa ☐ Mastercard ☐ American Express ☐ JCB ☐ UnionPay 繳費靈捐款 PPS Donation 持卡人姓名 商戶編號: 6325 Cardholder's Name 商戶名稱:愛滋寧養服務協會 Merchant Code: 6325 Merchant Name: THE SOCIETY FOR AIDS CARE 信用卡號碼 Credit Card Number 交易編號 Payment Reference No.: 月 MM 信用卡有效日期 年 YY 便利店捐款 Donation at Convenient Stores Card Valid Until (須於三個月內有效 Must be valid for the next three months) 閣下可以到全港任何一間OK便利店*/U Select/ U Select Food/ VanGO便利店/華潤萬家超級市場以現金或易辦事捐款 請在其中一適當方格內加上 ✓ 號, (*單一慈善現金捐款金額不能超過港幣五千元正。) Please check the appropriate box below: Cash or EPS donation available in Circle K Convenience Stores*/ U Select/ □ 個別捐款 請於本人的信用卡賬戶內一次過扣除以上賬款。 U Select Food/ VanGO Convenient Stores/ CRV anguard Supermarkets. **One-off donation** Please charge my credit card once for the above (*Cash donation to charity merchants shall not exceed HK\$5,000 per transaction.) specified amount. □ <u>每月捐款</u> 本人現授權愛滋寧養服務協會由本人之信用卡賬戶內定 期扣除上述賬款,直至本人另行通知為止。本人同意此授權書於本人之信用卡有效日期後及獲發新卡時繼續生效,並無須另行填 寫授權書。(如需要取消或更改本授權書,請於取消或更改生效日 期七個工作天前通知我們。) 9999653003622015 Monthly donation I hereby authorize The Society for AIDS Care Limited to charge my credit card account for the amount specified in a regular manner as agreed upon by me and The Society for AIDS Care 銀行每月自動轉賬 Bank Monthly Autopay Limited until further notice. I agree the validity of this agreement will 請致電3622 1293索取授權書。 continue before or after the expiry date of the credit card account. (Cancellation or variation of this authorization shall be given to The Please call 3622 1293 for a bank autopay authorization form. Society for AIDS Care Limited at least 7 working days prior to the date on which such cancellation or variation is to become effective.) 捐款收據 Donation Receipt 持卡人簽名 日期 一年內累積捐款港幣一百元或以上可憑收據在香港申請免稅。 Accumulcated donations of HK\$100 or above annually are tax deductible Cardholder's Signature Date with a receipt. 請寄發收據。Please send me a receipt. 1. 若收據抬頭並非捐款者本人,請以英文列明 Please specify the recipeient if it is different from the donor: _ 每月捐款將於信用卡到期日後自動延續,直至閣下另行通知為止。捐款將於收到此表格後即日 2. 若未有捐款者姓名或地址,恕未能寄發收據 We are unable to provide 生效·並於每月十號左右扣除有關款項。 receipts to donors without full name or address. Upon expiry and renewal of a credit card, monthly donations will continue unless notified otherwise. 為幫助節省行政開支,本人不需要收據。 Donations will be effective immediately upon receipt of this form. Transactions will normally be processed around the 10th of every month. To help save administrative costs, please do not send me a receipt.

一 有關個人資料絕對保密,只會用於發放本會最新消息,如閣下顯意於日後收到相關資訊,請於方格內加上▼號。
Personal information collected will be treated as highly confidential and used to the purpose of sending our latest news only. Should you decide to receive any updates from us, please ✔ the box.