



捐款表格 Donation Form

捐款者資料 Donor's Information (請用正楷書寫 Please write in Block Letters)

姓名 Name: _____ (*先生 Mr//女士 Mrs /小姐 Ms)
地址 Address: _____
身份證號碼 HKID Card no.: _____ 日間聯絡電話 Tel no. (Day): _____ 夜間聯絡電話 Tel no. (Night): _____
會員號碼 (如有) Membership No. (if any): _____ 傳真號碼: _____
電郵: _____

本人願意 I would like to

- 一次過捐款 make a one-off donation
- 港幣 HK\$100 港幣 HK\$300 港幣 HK\$500 港幣 HK\$1000 港幣 HK\$2000
 其他(Any amount) HK\$ _____
- 按月捐款 Monthly payment (請填寫附頁的直接付款授權書。 Please fill in the Direct Debit Authorization Form)
- 港幣 HK\$100 港幣 HK\$300 港幣 HK\$500 其他(Any amount) HK\$ _____

捐款方法 Payment Method

- 以劃線支票, 抬頭人註明「香港台山慈善基金有限公司」, 支票號碼: _____
Please make a crossed cheque payable to "Hong Kong Tai Shan Charitable Foundation Limited" and post it back to us with this donation form. Cheque No. _____
- 直接存入「香港台山慈善基金有限公司」於中國銀行戶口, 號碼: 012-611-0-005536-5 (請將存款收條連同此表格寄回本會)
Direct deposit to the "Hong Kong Tai Shan Charitable Foundation Limited" Bank of China Account No. 012-611-0-005536-5 (Please return the deposit slip to us with this donation form)
- 自動轉帳, 請填寫附頁的直接付款授權書, 然後連同此表格寄回本會 (只適合每月定期捐款)
Autopay, please complete the direct debit authorization form and return to us with this donation form. (For regular donors only)
- 捐款滿港幣\$100或以上可獲收據申請扣減稅項。 An official receipt will be issued for tax deduction purpose.

收據 Receipt

- 請寄回收據到以下地址: _____
Please send me a receipt to the following address:

- 為幫助節省行政開支, 本人不需要收據。
To help save administration costs, please do not send me a receipt.

備註 Remarks

請把捐款及填妥表格寄回「香港九龍深水埗長沙道 216 號金沙樓 1 字樓 - 香港台山慈善基金收」。若有任何疑問, 請致電 2815 1008 與本會職員聯絡。 Please mail your donation and this completed form to "Hong Kong Tai Shan Charitable Foundation Limited., 1/F., Kam Sha Mans, 216 Cheung Sha wan Rd, Sham Shui Po, Kowloon, Hong Kong". If you have any further queries, please contact our staff at 2815 1008.

多謝您的支持 Thank you for your support



直接付款授權書 Direct Debit Authorization

我願意以自動轉帳每月定額捐助『香港台山慈善基金』。

I would like to donate monthly by autopay to “Hong Kong Tai Shan Charitable Foundation Limited”.

請填妥下列直接付款授權書，並將正本寄回香港九龍深水埗長沙灣道216號金沙樓1字樓 - 香港台山慈善基金收。

Please fill in the direct debit authorization form below and mail to “Hong Kong Tai Shan Charitable Foundation Limited., 1/F., Kam Sha Mans, 216 Cheung Sha Wan Rd, Sham Shui Po, Kowloon. Ho ng Kong”.

收款之一方(受惠機構) Name of Party to be Credited (The Beneficiary) 香港台山慈善基金有限公司 Hong Kong Tai Shan Clans Charitable Foundation Limited	銀行編號 Bank No. 0 1 2	分行編號 Branch No 6 1 1	收款賬戶之號碼 Account No. 0 0 0 5 5 3 6 - 5
---	-------------------------------	--------------------------------	---

本人/吾等之銀行及分行之名稱 My/Our Bank Name and Branch	銀行編號 Bank No.	分行編號 Branch No	本人/吾等之賬戶之號碼 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

每月付款之限額 Limit for each Monthly Payment	本人/吾等之簽名(銀行戶口簽名) My/Our Signature(s) (as signed for bank account)	日期 Date
---	--	------------

此欄由本會職員填寫 For Official use only		
香港台山慈善基金債務人參考 GTSCACF Deb to r Reference Number	供銀行專用 For Bank Use	簽名式樣核對 Signature Verified

- 本人/吾等現授權本人/吾等之上述銀行，(根據受惠機構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 賬予以上列之受惠機構。惟每次轉賬金額不得超過以上指定之限額。I/We hereby authorize my/our above named Bank to effect transfers from my/our account to that of the 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.
- 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。I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us
- 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擔全部責任。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).
- 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，且銀行可收取慣常之收費，並可隨時以一星期書面通知取消本授權書。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.
- 本授權書將繼續生效直至另行通知為止。This authorization shall have effect until further notice.
- 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/更改生效日最少兩個工作天之前交予本人/吾等之銀行。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 to take effect.

注意事項：銀行處理首次捐款需時約兩個月。如欲即時捐款，可連同表格一起寄上支票，頭請寫「香港台山慈善基金有限公司」。It takes the bank almost 2 months to process your first donation. If you wish to make an immediate donation, Please make a crossed cheque payable to “Hong Kong Tai Shan Charitable Foundation Limited”.

請寄回表格正本。表格上的資料如有任何更改，請在旁簽名以示確認。Please mail this original form. In case of any amendment(s)/correction(s) on the form, please sign next to it.