

## 您的支持能讓更多兒童於一個平等及共融的環境中成長

我樂意支持 親切 I would like to support TREATS

### DONATION AMOUNT 捐款金額

HK\$2000  HK\$1500  HK\$1000  HK\$500  HK\$

### My Details 個人資料

(Please write in BLOCK Letters 請以英文正楷填寫)

Name in English: Mr/Ms/Miss

英文姓名: 先生/女士/小姐

Surname 姓

First Name 名

Name in Chinese

中文姓名:

Date of Birth

出生日期:

Mobile No.

手提電話:

Home Tel.

住宅電話:

Office Tel.

辦公室電話:

Fax No.

傳真:

E-mail 電郵:

Address 地址:

\_\_\_\_\_ (Flat/Room) \_\_\_\_\_ (Floor) \_\_\_\_\_ (Block)

\_\_\_\_\_ (Bldg/Hse/Mansion)

\_\_\_\_\_ (Court/Estate/Street/Road)

\_\_\_\_\_ (District) KLN / HK / NT

I would like to become a volunteer. Please send me the registration form.

我希望成為義工，請寄義工登記表格給我。

### DONATION METHOD 捐款方法

#### Credit Card 信用卡

VISA Card  MASTER Card  JCB

Credit Card Issuing Bank

信用卡簽發銀行:

Credit Card Number

信用卡號碼:

Cardholder's Name

信用卡持有人姓名:

Card Expiry Date

信用卡有效期至:

MM/

月

YY (Should be valid for the next 3months)

年 (三個月內有效)

Cardholder's signature

信用卡持有人簽名

Date

日期

#### NOTE

\*Please ensure that you sign the form as well as any alterations in the same way as you sign your credit card account.

簽名必需與閣下之信用卡簽名完全相同，表格上如有任何塗改，請在旁加簽。

#### Your personal data will be kept confidential.

#### 您的個人資料將會絕對保密!

The above information will be used for issuing receipt, fostering communications, raising funds and conducting donor survey for TREATS.

親切將運用你的個人資料發出收據、通訊、籌募本會經費及收集意見之用途。

Please notify us in writing if you do not wish to receive future mailings from TREATS.

若閣下不希望收到本會之通訊，請來函通知。

#### Cheque 支票 (支票號碼 No: \_\_\_\_\_)

支票抬頭請寫上「親切」。Crossed cheque please made payable to TREATS

#### Direct Payment 直接捐款

恆生銀行 (024-388-806283-002)

請將存款收據正本連同表格寄回

Please send the **original** bank pay-in-slip together with this form to us.

#### For official use:

Donor No.	Entry Date	Remarks
Debtor's Reference (For TREATS Use)	For Bank Use 由銀行填寫	Signature Verified 簽名式樣

TREATS 親切 Flat A, 19/F., Block F, 3 Lok Man Road, Chaiwan, Hong Kong 香港柴灣樂民道3號F座19樓A室 Tel 電話:3427 2024 Fax 傳真: 3753 1144 www.treats.org.hk

#### Direct Debit Authorization Form 自動轉賬授權書

Name of party to be credited (The Beneficiary) 收款之一方 (受益人)

TREATS 親切

Bank no.

銀行編號

0 0 4

Branch no.

分行編號

1 1 1

Account No. to be credited

收款帳戶之號碼

1 5 8 3 8 2 0 0 1

1. My/our full names(s) with my/our Bank 本人/吾等之銀行戶口姓名

Mr/Ms/Miss 先生/女士/小姐

2. Bank and Branch Name

銀行及分行名稱

3. Bank No.

銀行編號

Branch No.

分行編號

Savings / Current Account No.

本人/吾等之儲蓄/來往戶口號碼

4. HKID No. 香港身份證號碼

5. My/our signature(s) 本人/吾等之簽名

在結單/存摺上所記錄之簽名

日期

Sign your name as recorded on statement/passbook

Date

1. I/we hereby authorize my/our below-named Bank to effect transfer from my/our account to that of TREATS (named of beneficiary) in accordance with such instructions as my/our Bank may receive from the beneficiary from time to time provided always that the amount of any one such transfer should not exceed the limit indicated below.

2. 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.

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 confirm that my/our signature(s) on this application form is/are the same as that/those for the operation of my/our Savings/Current Account to be debited for the transfer.

5. This authorization shall have effect until further notice.

6. I/we agree to notify TREATS (name of beneficiary) of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our Bank account to meet my transfer hereby authorized, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me/us. This authorization shall have effect until further notice or until the expiry date written below (whichever shall first occur).

7. 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 and at the same time such notice shall be given to the beneficiary.

1. 本人(等)現授權本人(等)的上述銀行，(根據受益人或其往來銀行不時給予本人(等)銀的指示)自本人(等)的戶口內轉賬予親切(受益人)，惟每次轉賬金額不得超過下的限額。

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)願共同及各別承擔全部責任。

4. 本人(等)確認本人(等)在此表格上的簽署與本人(等)用以轉賬的戶口的簽署相同。

5. 本授權書將繼續生效直至另行通知為止。

6. 本人(等)同意會通知親切(受益人)任何銀行戶口的變更或取消收費方式，亦同意如本人(等)的戶口並無足夠款項支付該等授權轉賬，本人(等)的銀行有權不予轉賬，且銀行可收取慣常的收費。本授權書將繼續生效直至另行通知為止或直至下列到期日為止(以兩者中最早的日期為準)。

7. 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)的銀行及受益人。

#### NOTE

\* Please ensure that you sign the form as well as any alterations in the same way as you sign your account. 簽名必需與閣下之戶口簽名完全相同，表格上如有任何塗改，請在旁加簽。