

# 您的支持能讓更多兒童於一個平等及共融的環境中成長

我樂意參加親切「共融有您」月捐計劃 I would like to join TREATS Monthly Donation Scheme



## ① Monthly Donation Amount 每月捐款金額

HK\$500  HK\$300  HK\$200  HK\$150  HK\$

## ② Donor Details 捐款者資料

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

Title 稱謂:  Mr 先生 / Ms 女士 / Miss 小姐

Name in English 英文姓名: (Surname 姓) (First Name 名)

Name in Chinese 中文姓名: Date of Birth 出生日期:

Contact No. 聯絡電話:

E-mail 電郵:

Address 地址:

KLN 九龍/HK 香港/NT 新界

I wish to receive volunteer information by email  
我希望以電郵收取義工資訊

## ③ Monthly Donation Methods 月捐捐款方法

### ☐ 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 年 (三個月內有效 Should be valid for the next 3months)

Cardholder's signature 信用卡持有人簽名

### NOTE 備註

\*Your donation will be debited from your credit card on or about the **25<sup>th</sup> of each month**. For any unsuccessful transaction, we will process it again at the end of the same month. 您的捐款將於**每月約 25 號**於上述指定的戶口扣除。若未能成功過數, 本會將於該月底再嘗試。

\*Valid after the expiry date of the credit card and with the issuance of a new card until further notice. 此授權在信用卡有效期過後及獲發新卡後仍繼續生效, 直至另行通知。

\*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。

If you do not wish to receive email/mail from TREATS, please tick this box  or inform us by email. 若閣下不希望收到本會之通訊, 請於此方格口填上剔號, 或以電郵通知我們。

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

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

**TREATS 親切**

Bank no. 銀行編號: **004**  
Branch no. 分行編號: **111**  
Account No. to be credited 收款帳戶之號碼: **158382001**

1. My/Our Name(s) as recorded on Statement/Passbook (in BLOCK Letters) 本人(等)在結單/存摺上所記錄的名稱 (請以英文正楷填寫)

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. 儲蓄/來往戶口號碼:

4. HKID No. 香港身份證號碼/Business Registration No. 商業登記證號碼 (For company A/C 只適用於公司戶口)

5. My/our Bank Account signature(s) 本人(等)銀行戶口的簽署

### DECLARATION 聲明

- I/We hereby authorise my/our above named Bank to effect transfers from my/our account to that of the above named beneficiary (TREATS) 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 the transfer shall not exceed the donation amount indicated above. For HSBC business account holders, the amount of the transfer shall not exceed (a) the donation amount indicated above or (b) any applicable signing limit of the account signatory(ies) of the relevant business account, whichever is lower. 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)銀行的指示)自本人(等)的戶口內轉賬予上述收款人(親切), 惟轉賬金額不得超過以上指定的捐款金額。滙豐企業客戶的轉賬金額不得超過(a)以上指定的捐款金額, 或(b)企業客戶授權人的簽名權限, 以低者為準。
- 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. 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)。
- 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). 如因該等轉賬而令本人(等)的戶口出現透支(或令現時時的透支增加), 本人(等)願共同及個別承擔全部責任。
- 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 (as 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. 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)。為避免疑問, 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)。
- 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. 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)已設立之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。
- 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, or inform TREATS at least ten working days prior to the date on which such cancellation/variation is to take effect. 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前交予本人(等)的銀行, 或最少十個工作天前交予親切。
- The Bank may charge an instruction setup/ amendment fee from my/our account stated above in accordance with the rates as specified by the Bank from time to time. 本人(等)的銀行可根據不時規定的收費, 向本人(等)的上述戶口收取設立/更改指示之費用。

### NOTE 備註

\*Your donation will be debited from your account on or about the **3<sup>rd</sup> of each month**.

您的捐款將於**每月約 3 號**於上述指定的戶口扣除。

\*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。

Donor's Signature 捐款者簽署: \_\_\_\_\_ Date 日期: \_\_\_\_\_

For Official Use Only 此欄由本會職員填寫		
TREATS Debtor's Reference No.	For Bank Use 供銀行專用	Signature Verified 簽名式樣核對
Entry Date 日期	Remarks 備註	Form Type 表格類別
CC25DD03-CA1(08/2022)		

Please send back the completed form by fax, email or mail. Thanks for your support!

請將填妥的表格以傳真、電郵或郵寄至本會。多謝您的支持!

Donation Hotline 捐款專線: 3427 2024 Fax 傳真: 3753 1144 Email 電郵: [giving@treats.org.hk](mailto:giving@treats.org.hk)  
Post 郵寄: TREATS: FREEPOST NO.21 CHW (no stamp required) 親切 - 簡便回郵 21 號 CHW (無需貼上郵票)