

每月捐款表格  
Monthly Donation Form

捐款人/公司 Name of Donor / Company:		填寫日期 Filling Date:	
聯絡人 Contact Person:	電話 Tel.:	電郵地址 Email:	
地址 Address:		每月捐款金額 Monthly Amount: 港幣 HKD \$ _____	
<b>捐款方法 Methods of Donation</b>			
<input type="checkbox"/> <b>繳費靈 PPS:</b> (商戶名稱: 香港愛滋病基金會有限公司 商戶編號: 9266 【電話: 18033 網頁: ppschk.com】) 確認編號 Confirmation Number: _____ 入數日期 Date of Transaction: _____			
<input type="checkbox"/> <b>信用卡 Credit Card:</b> <input type="checkbox"/> VISA Card <input type="checkbox"/> MASTER Card			
信用卡簽發銀行 Credit Card Issuing Bank:		信用卡號碼 Credit Card No.:	
信用卡持有人姓名 Name of Cardholder:			
信用卡有效日期至      月      年 (三個月內有效) Card Expiry Date      MM/      YY (Should be valid for the next 3 months)			
信用卡持有人簽名 Signature of Cardholder: #		日期 Date:	
<input type="checkbox"/> <b>銀行戶口每月轉賬 Direct Debit to Bank Account</b>			
收款之一方(受益人) Name of Party to be Credited (The Beneficiary)		銀行編號 Bank No.	分行編號 Branch No.
香港愛滋病基金會有限公司 The Hong Kong AIDS Foundation Limited		004	047
收款賬戶之號碼 Account No. to be Credited			
223532-001			
姓 Surname:	<input type="text"/>	銀行編號 Bank No.	分行編號 Branch No.
名 First Name(s):	<input type="text"/>		本人/吾等之戶口編號 Account No.
中文姓名 Chinese Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
銀行名稱 Bank Name:		分行名稱 Branch Name:	
本人/吾等之簽名 My/ Our Signature(s)		日期 Date:	
<small>在結單/存摺上所紀錄之簽名 Sign your name as recorded on statement / passbook</small>			
<b>內部使用 For Office Use</b>			
捐款編號 Donation Code:	債務人參考檔案編輯 Debtor's Reference (Donor's Ref.)	銀行使用 For Bank Use	簽名式樣 Signature Verified

# 信用卡持有人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。

If you are making donations by credit card, please ensure that you sign the form as well as any alternations in the same ways as you sign your credit card account.

#### 聲明 Declaration

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)銀行的指示)自本人(等)的戶口內轉賬予上述收款人。惟每次轉帳金額不得超過以上指定的限額。  
I/We hereby authorize my/our above named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instruction as my/our Bank may receive from the beneficiary and 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. 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)。  
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. 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)願意共同及個別承擔全部責任。  
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).
4. 本人(等)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，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 fund 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.
5. 本直接付款授權將繼續生效直至另行通知為止。本人(等)同意如本人(等)已設立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。  
This direct debit authorization 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 authorization 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 authorization has not expired or there is no expiry date for the authorization.
6. 本人(等)同意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。  
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.

請填妥表格並寄回或傳真至香港愛滋病基金會。凡每年捐款港幣一百元或以上，可獲發捐款收據，並於每年財政年度完結後寄出。

Please return the completed form to the Hong Kong AIDS Foundation by mail or fax. An official receipt will be issued for yearly donation of HKD \$100 or above at the end of each fiscal year.

地址：香港筲箕灣柴灣道 8 號筲箕灣賽馬會診所 5 樓

Address : 5/F, Shaukeiwan Jockey Club Clinic, 8 Chai Wan Road, Shaukeiwan, Hong Kong

電話 Tel : (852) 2560 8528

傳真 Fax : (852) 2560 4154

網頁 Website : <http://www.aids.org.hk/>

電郵 Email : [hkaf@hkaf.com](mailto:hkaf@hkaf.com)