

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 followin	g 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\$
│	□ 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
□先生 Mr □小姐 Miss □女士 Ms	www.aidscare.com.hk/direct-donation
英文姓名 English Name	in i
中文姓名 Chinese Name	支票捐款 Cheque Donation
	支票號碼 Cheque No.:
Mailing Address	大宗派場 Cheque No 抬頭: 愛滋寧養服務協會有限公司 Payable to "The Society for AIDS Care Limited"
	± tint to Brown it
電郵 電話 E-mail Tel No.	直接存款 Direct Deposit 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。 Please deposit the donation into one of our following bank accounts, and
信用卡捐款 Credit Card Donation	send us the receipt. 東亞銀行 BEA account: 015-228-10-400465-6 匯豐銀行 HSBC account: 096-158233-838
□ Visa □ Mastercard □ American Express □ JCB □ U	nionPay 轉數快 Faster Payment System
持卡人姓名 Cardholder's Name 信用卡號碼	愛滋寧養服務協會有限公司 THE SOCIETY FOR AIDS CARE LIMITED FPS ID: 119881274
Credit Card Number	交易編號 Payment Reference No. :
信用卡有效日期 月 MM Card Valid Until (須於三個月內有效 Must be valid for the next three	年 YY PayMe
請在其中一適當方格內加上 ✔ 號, Please check the appropriate box below: □ <u>一次過捐款</u> 請於本人的信用卡賬戶內一次過扣除以上賬款 <u>One-off donation</u> Please charge my credit card once for the ab specified amount.	ove
□ 每月捐款 本人現授權愛滋寧養服務協會由本人之信用卡賬期扣除上述賬款,直至本人另行通知為止。本人同意此授	權書於 知行每日白動轉賬 Bank Monthly Autopay
本人之信用卡有效日期後及獲發新卡時繼續生效·並無須寫授權書。(如需要取消或更改本授權書·請於取消或更改期七個工作天前通知我們。)	カ11県 生效日 請致電3622 1293索取授權書。 Please call 3622 1293 for a bank autopay authorization form.
Monthly donation I hereby authorize The Society for AIE Limited to charge my credit card account for the amount specif regular manner as agreed upon by me and The Society for All	fied in a
Limited until further notice. I agree the validity of this agreem continue before or after the expiry date of the credit card a (Cancellation or variation of this authorization shall be given Society for AIDS Care Limited at least 7 working days prior to t on which such cancellation or variation is to become effective.)	ent will ccount. to The he date
持卡人簽名 日期 Cardholder's Signature Date	if it is different from the donor:
	□ 為幫助節省行政開支·本人不需要收據。 To help save administrative costs, please do not send me a receipt.
L 毎月掲款將於信用卡到期日後自動延續・直至閣下另行通知為止。掲款將於收到」 生效・並於毎月十號左右扣除有關款項。	出表格後即日 有關個人資料絕對保密・只會用於發放本會最新消息・如閣下願意於日後收到相關資訊・

Upon expiry and renewal of a credit card, monthly donations will continue unless notified otherwise. Donations will be effective immediately upon receipt of this form. Transactions will normally be

processed around the 10th of every month.

請於方格內加上、號。

from us, please 🗸 the box.

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