

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 following donation	
□ *每月捐款 MONTHLY DONATION: □ 港幣 HK\$150 □ 港幣	HK\$200 □ 港幣 HK\$300 □ 其他 OTHER: 港幣 HK\$
│	HK\$1,000 □ 港幣 HK\$2,000 □ 其他 OTHER: 港幣 HK\$
	*港幣100元或以上揭款獲發報稅收條。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 請到以上連結,便可以使用信用卡作即時捐款,網上捐款免交回此
英文姓名 (請在姓氏下劃線) English Name (Please underline last name) 中文姓名	间解,我們將依據你的資料發收據。 You can make real time donation with your credit card on the link above. You do not need to return this slip. Receipt will be issued according to the information you provided online.
中文姓石 Chinese Name	支票捐款 Cheque Donation
通訊地址 Mailing Address	支票號碼 Cheque No.:
電郵 電話 E-mail Tel No.	上 抬頭: 愛滋寧養服務協會有限公司 Payable to "The Society for AIDS Care Limited"
	直接存款 Direct Deposit
出生日期 Date of Birth 日DD 月MM	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 send us the receipt.
信用卡捐款 Credit Card Donation	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	
持卡人姓名 Cardholder's Name	商戶編號: 6325 商戶名稱: 愛滋寧養服務協會 Merchant Code: 6325
信用卡號碼 Credit Card Number	Merchant Name : THE SOCIETY FOR AIDS CARE
	交易編號 Payment Reference No. :
Card Valid Until (須於三個月內有效 Must be valid for the next three months)	便利店捐款 Donation at Convenient Stores 图下可以到全港任何一間OK便利店、VanGO便利店或華潤萬家超
請在其中一適當方格內加上 √ 號, Please check the appropriate box below:	級市場,出示以下捐款條碼,以現金作捐款。請將有關收據連同填 妥表格交回本會以作記錄。
□ <u>個別捐款</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 above specified amount.	Present the donation barcode before to any Circle K, VanGO convenient stores or CRVanguard Supermarkets in HK when making a cash donation to SAC. Please complete this form and send us along with the receipt for our records.
□ 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戶內定期扣除上述賬款,直至本人另行通知為止。本人同意此授權書於本人之信用卡有效日期後及獲發新卡時繼續生效,並無須另行填寫授權書。(如需要取消或更改本授權書,請於取消或更改生效日期七個工作天前通知我們。) Monthly donation I hereby authorize The Society for AIDS Care	9999653003622015
Limited to charge my credit card account for the amount specified in a regular manner as agreed upon by me and The Society for AIDS Care Limited until further notice. I agree the validity of this agreement will	銀行每月自動轉賬 Bank Monthly Autopay
continue before or after the expiry date of the credit card account. (Cancellation or variation of this authorization shall be given to The Society for AIDS Care Limited at least 7 working days prior to the date	□ 請致電3622 1293索取授權書。 □ Please call 3622 1293 for a bank autopay authorization form.
on which such cancellation or variation is to become effective.)	│ │ 捐款收據 Donation Receipt
持卡人簽名 日期 Cardholder's Signature Date	 一年內累積捐款港幣一百元或以上可憑收據在香港申請免稅。 Accumulcated donations of HK\$100 or above annually are tax deductible with a receipt. 」請寄發收據。Please send me a receipt. 1. 若收據抬頭並非捐款者本人・請以英文列明 Please specify the recipeient
 気口慢勢峻が岸田上岡田口後白新花徳 古五間下口に深かも, し 40 地線が川が川北土40 40 BB	if it is different from the donor:
每月捐款將於信用卡到期日後自動延續·直至閣下另行通知為止。捐款將於收到此表格後即生效·並於每月十號左右扣除有關款項。 Upon expiry and renewal of a credit card, monthly donations will continue unless notified otherwis	receipts to donors without full name or address.
Donations will be effective immediately upon receipt of this form. Transactions will normally processed around the 10th of every month.	