

本人樂意按月捐款港幣 _____ 元予兒童紓緩服務基金。

I wish to make a monthly donation of HK\$ _____ to Children's Palliative Care Foundation.

凡月捐達港幣三百元或單次捐款達港幣五千元，您便可成為「兒童紓緩之友」。詳情請參閱 cpcf.ccf.org.hk。

With a minimum donation of HK\$300/month or HK\$5,000 one-off, you can become a member of 'Friends of CPC'. Please refer to cpcf.ccf.org.hk (Chinese only) for details.

不加入「兒童紓緩之友」。I do not wish to become member of 'Friends of CPC'.

個人資料 Personal Details:

稱謂 Title: 先生 Mr / 女士 Ms / 小姐 Miss 中文姓名 Chinese Name: _____

英文姓名 English Name: _____
(姓氏 Family Name) (名字 Given Name)

郵遞地址 Postal Address: _____

聯絡電話 Contact Number: _____ 電郵 E-mail: _____

(凡捐款港幣一百元或以上可在香港申請稅項扣除。Donations of HK\$100 or more are tax deductible in Hong Kong.)

請寄發正式收據。Please issue an official receipt.

收據抬頭（如與捐款者姓名不同）：_____

Name of Recipient (if different from the donor): _____

希望收取《童心》會訊。I wish to receive Newsletter.

電郵 E-mail 郵遞 Post

希望接收基金的其他資訊。I wish to receive other information from the Foundation.

其他資訊 Other information:

- 1) 自動轉賬需4至6個星期方能生效。It takes about four to six weeks for the autopay to become effective.
- 2) 自動轉賬確實生效日期將以書面通知。The exact autopay effective date will be informed in writing.
- 3) 如有查詢或其他更改，請致電 +852 2815 2525 與曾小姐聯絡。Please contact Miss Tsang at +852 2815 2525 if you have any queries or changes concerning this autopay.
- 4) 請填妥並簽署以下的直接付款授權書，連同您的個人資料，遞交以下地址：

兒童癌病基金
香港干諾道中125號東寧大廈702室

Please return the completed and duly signed direct debit authorisation (autopay) form from the page below together with your personal details to the following address for processing:

Children's Cancer Foundation
Room 702, Tung Ning Building
125 Connaught Road Central
Hong Kong

直接付款授權書

DIRECT DEBIT AUTHORISATION

收款之一方名稱 (收款人) Name of party to be credited (the Beneficiary)	銀行編號 Bank No.	分行編號 Branch No.	收款賬戶之號碼 Account No. to be credited
CHILDREN'S PALLIATIVE CARE FOUNDATION - DONATION A/C	0 1 2	6 7 6	2 0 0 2 3 2 8 8

本人(等)現授權下述之銀行(「該銀行」),根據收款人不時給予該銀行之指示,自本人(等)下述戶口轉賬予收款人,但每次轉賬金額不得超過以下指定之限額,本人(等)同意該銀行毋須證實該等轉賬是否已通知本人(等)。

如因該等轉賬而令本人(等)之下述戶口出現透支(或令現時之透支增加),本人(等)會共同及各別承擔全部責任。

本人(等)確證在本授權書內之簽名,與本人(等)下述戶口於該銀行簽署紀錄完全相同。

本人(等)同意如下述戶口並無足夠款項支付有關轉賬,該銀行有權不予辦理且可收取有關之手續費用,該等費用一概由本人(等)支付。

本人(等)同意取銷或更改本授權書之任何通知,須於取銷或更改生效日最少兩個工作天之前交予該銀行。

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(以兩者中最早之日期為準)。

I/We hereby authorise my/our below-named bank (the "Bank") to effect transfer from my/our below-mentioned account to the above-named Beneficiary in accordance with such instructions as the Bank may receive from the Beneficiary from time to time, provided always that the amount of any one such transfer shall not exceed the limit indicated below.

I/We agree that the Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our below-mentioned account which may arise as a result of any such transfer(s).

I/We confirm that my/our signature(s) on this authorisation is/are the same as filed with the Bank for the operation of my/our below-mentioned account to be debited for the transfer.

I/We agree that should there be insufficient funds in my/our below-mentioned account to meet any transfer hereby authorised, 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.

I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to the Bank shall be given at least two working days prior to the date on which such cancellation or variation is to take effect.

This authorisation shall have effect until further notice or until the below given expiry date (which shall first occur).

本人(等)之銀行及分行名稱 My/Our Bank Name and Branch		銀行編號 Bank No.	分行編號 Branch No.	本人(等)之賬戶號碼 My/Our Account No.
本人(等)在結單/存摺上所紀錄之名稱 My/Our Name as record on Statement/Passbook		本人(等)在結單/存摺上所紀錄之地址 My/Our Address as recorded on Statement/Passbook		
每*次/月付款之限額 Limit for each *Payment / Month 港幣(請參閱附註 ¹) HK\$(See Note ¹)	到期日(請參閱附註 ²) Expiry Date (See Note ²) D D M M Y Y	本人(等)之簽名 My/Our Signature(s)		日期 Date
付款人之姓名(若非賬戶持有人) Name of Debtor (if other than account holder)		支賬參考(必填之欄 - 請參閱附註 ³) Debtor's Reference (Compulsory Field - See Note ³)		
以下由銀行填寫 For Bank Use Only				Signature Verified

附註 NOTES:

- 如付款之金額每次可能不相同,則請將最高者定為每次付款之最高限額。
- 本直接付款授權書將於到期日一欄中所填寫之日期自動撤銷,如欲使本直接付款授權書無限期有效(或直至予以撤銷為止),則請將該欄留空,但該銀行將不受此限,並可將超過兩年未有任何過賬紀錄之直接付款授權宣告失效,及可刪除該授權紀錄而毋須另行通知。
- 在支賬參考欄內,請填上與收款人之辨認參考資料,例如學生編號、抵押合約號碼、租約號碼等。
- If the amount of your payments are likely to vary each time, set the limit for each payment at the maximum amount you would expect to pay at any one time.
- This Direct Debit Authorisation will be cancelled automatically on the date included in the box marked 'Expiry Date'. If you wish the Direct Debit Authorisation to have effect indefinitely (or until cancelled by you), please leave box blank. If there is no transaction being recorded under this direct debit authorisation for over two years, the Bank may delete this direct debit authorisation without giving any notice.
- In the box marked 'Debtor's Reference' enter the identifying reference between yourself and the party to be credited i.e. student number, mortgage agreement number, rental agreement number, etc.

(英文文本與中文譯本文義如有歧異,概以英文本為準。)

* 請刪去不適用者 Delete whichever is not appropriate

任何塗改請簽名以示確認。填妥授權書後,請把正本寄回香港干諾道中125號東寧大廈702室。

ANY ALTERATION REQUIRES SIGNATURE. PLEASE COMPLETE & RETURN THIS FORM TO ROOM 702, TUNG NING BUILDING, 125 CONNAUGHT ROAD CENTRAL, HONG KONG.