

## 捐款表格 DONATION FORM

本人樂意支持基督教靈實協會的服務，願意捐助 IN SUPPORT OF HAVEN OF HOPE CHRISTIAN SERVICE, I DONATE:

單次捐款 ONE-OFF DONATION |  每月捐款 MONTHLY DONATION

- 不需收據 No Receipt Required  
 需單次/按月收據 Given One-off Receipt/Monthly Receipt  
 需每年收據 Given Yearly Receipt

<input type="checkbox"/> 基督教靈實協會 Haven of Hope Christian Service	HK\$
<input type="checkbox"/> 長者服務 Elderly Services	HK\$
<input type="checkbox"/> 復康服務 Rehabilitation Services	HK\$
<input type="checkbox"/> 基層健康服務 Primary Health Services	HK\$
<input type="checkbox"/> 教育服務 Education Services (非政府資助服務 Non-subvented Services)	HK\$
<input type="checkbox"/> 福音事工 Evangelistic Work	HK\$
<input type="checkbox"/> 靈實醫院 Haven of Hope Hospital (非政府資助服務 Non-subvented Services)	HK\$
<input type="checkbox"/> 靈實司務道寧養院 Haven of Hope Sister Annie Skau Holistic Care Centre	HK\$
<input type="checkbox"/> 靈實恩光成長中心 Haven of Hope Sunnyside Enabling Centre	HK\$
<input type="checkbox"/> 慈恩醫療服務 Charity Medical Service	HK\$
<input type="checkbox"/> 靈實「築動生命全方位關顧計劃」The Haven Project	HK\$
<input type="checkbox"/> 靈實「中西醫全方位復康治療」計劃 Haven of Hope Christian Service Integrated Rehabilitation Programme	HK\$
<input type="checkbox"/> 其他 (請註明) Others (Please specify): _____	HK\$
<b>捐款總數 Total Donation Amount*</b>	<b>HK\$</b>

### 捐款人資料 DONOR'S INFORMATION

姓名 Name\* : \_\_\_\_\_ (先生 Mr / 太太 Mrs / 女士 Ms)  
收據抬頭 Name on Receipt (如適用 If applicable)\* : \_\_\_\_\_  
香港身份證 (頭4位數字) HKID (first 4 digits) : \_\_\_\_\_ 捐款者編號 Donor's reference no. (如適用 If applicable) : \_\_\_\_\_  
出生日期 Date of Birth : \_\_\_\_\_ 教育程度 Education : \_\_\_\_\_ 職業 Occupation : \_\_\_\_\_  
地址 Address : 室/樓號 Room/Flat \_\_\_\_\_ 樓層 Floor \_\_\_\_\_ 座 Block/Tower \_\_\_\_\_ 大廈 Building \_\_\_\_\_  
街道 Street \_\_\_\_\_ 地區 District \_\_\_\_\_  香港 Hong Kong  九龍 Kowloon  新界 New Territories  
電話 Tel : \_\_\_\_\_ 電郵 Email : \_\_\_\_\_

### 捐款方法 DONATION METHOD

- 劃線支票 Crossed Cheque#  
祈付「基督教靈實協會」Please make cheque payable to "Haven of Hope Christian Service"  
 直接存入戶口 Bank Deposit#  
香港中國銀行 Bank of China 012-874-1-035785-2  
 7-ELEVEN. 現金捐款 Cash Donation#  
請攜同右上方的捐款條碼到任何 7-Eleven 捐款。每次捐款最少為港幣一百元。  
Bring the charity barcode at the top right hand corner to 7-11 store and make donation. The minimum amount is HK\$100.  
 信用卡 Credit Card#  
請填寫信用卡/自動轉賬授權書 Please complete the Credit Card Direct / Autopay Authorisation Form  
 自動轉賬 Autopay#  
只適用於每月捐款，請填寫信用卡/自動轉賬授權書 Only applicable to monthly donation, please complete the Credit Card Direct / Autopay Authorisation Form  
 繳費靈 Payment by Phone Service (PPS)^  
透過電話 18033、繳費靈手機服務或互聯網 www.ppskh.com 捐款，基督教靈實協會商戶編號「9453」  
Make payment through telephone 18033, PPS on Mobile App or www.ppskh.com, Haven of Hope Christian Service merchant code "9453".

### 備註 REMARKS:

- \* 為必須填寫的項目，以便用作印發捐款收據之用。捐款港幣\$100元或以上將獲發收據。  
Required fields for issuing donation receipt. Receipt will be issued to donations of HK\$100 or above.  
# 請將劃線支票、銀行存款單、7-Eleven交易紀錄或信用卡/自動轉賬授權書連同此表格寄回靈實傳訊及籌募部 (地址：香港新界將軍澳靈實路7號)。  
Please send cheques, deposit slips, 7-Eleven transaction record or Credit Card Direct / Autopay Authorisation Form together with this donation form to our Communications and Resource Development Department. (Address: 7 Haven of Hope Road, Tseung Kwan O, New Territories, Hong Kong)  
^ 以繳費靈捐款者可傳真此表格至靈實傳訊及籌募部 (傳真號碼：2702 8173) 或電郵至 crd@hohcs.org.hk。  
Please send this form to our Communications and Resource Development Department by fax (Fax No.: 2702 8173) or email to crd@hohcs.org.hk if you donate by PPS.

### 《個人資料 (私隱) 條例》聲明 USE OF PERSONAL DATA DECLARATION

基督教靈實協會 (下稱靈實) 尊重閣下所提交的個人資料，您所提供的個人資料只限用於靈實發出捐款收據、通訊、籌募經費及收集捐款者意見之用。在未經您的事先同意前，我們不會向其他人士或機構披露所收集的個人資料。靈實並會確保所有個人資料都根據《個人資料 (私隱) 條例》所載的規定妥善保存及使用。如閣下需要查閱或修正你的個人資料，請在辦公時間內致電 2703 3284，電郵至 privacy@hohcs.org.hk 或致函至香港九龍將軍澳靈實路7號與本會傳訊及籌募部聯絡。  
Haven of Hope Christian Service intend to use your personal details for our communication in future, including issuing donation receipt, passing information, fundraising work and conducting donor surveys or research. We will not provide your personal data to third parties without your consent. We are committed to protecting the privacy, confidentiality and security of the personal information we hold by complying with the requirements of Personal Data (Privacy) Ordinance with respect to the management of personal information. If you wish to access or correct your personal data, please contact Communications and Resource Development Department at 2703 3284, or privacy@hohcs.org.hk or 1/F, 7 Haven of Hope Road, Tseung Kwan O.

請於方格加上  及簽署，以便我們跟進。  
Please  to indicate your intention and sign at the end of this statement.

本人同意基督教靈實協會及其服務單位使用本人之個人資料傳遞服務通訊、活動宣傳、發出捐款收據及慈善籌款募捐之用。  
I AGREE to the proposed use of my personal data.

姓名 (全寫) Name (BLOCK Letters) : \_\_\_\_\_ 簽署 Signature : \_\_\_\_\_ 日期 Date : \_\_\_\_\_

# 捐款 信用卡/自動轉賬授權書 DONATION CREDIT CARD DIRECT / AUTOPAY AUTHORISATION FORM

## 信用卡捐款 CREDIT CARD DONATION (適用於單次或每月捐款 Applicable to one-off or monthly donation)

信用卡類別 Type of Credit Card :  VISA    

持卡人姓名 Cardholder Name : \_\_\_\_\_ 持卡人簽署 Authorised Signature : \_\_\_\_\_

信用卡號碼 Credit Card Number : \_\_\_\_\_ 有效日期至 Card Valid Until : \_\_\_\_\_

### 每月捐款備註 MONTHLY DONATION NOTES:

本人授權基督教靈實協會由本人之信用卡戶口轉賬上述指定金額作為定期捐款，此授權在本人之信用卡有效期過後及獲發新信用卡後仍繼續生效，直至另行通知。  
The authorisation for Haven of Hope Christian Service to debit the specified amount monthly from his/her credit card account will continue after the expiry date of the credit card and with the issuance of a new card until further notice.

## 自動轉賬捐款 AUTOPAY DONATION (只適用於每月捐款 Only applicable to monthly donation)

受益人 The Beneficiary (Name of party to be credited)	銀行編號 Bank No.	分行編號 Branch No.	賬戶號碼 Account No.
<b>基督教靈實協會 HAVEN OF HOPE CHRISTIAN SERVICE</b>	004	018	030023001

本人/吾等之銀行及分行名稱  
My / Our Bank Name and Branch

本人/吾等在結單存摺上所記錄之各稱  
My / Our Name(s) as Recorded on Statement / Passbook

每月限額 Limit for Each Month	到期日 Expiry Date	銀行編號 Bank No.	分行編號 Branch No.	本人/吾等之賬戶號碼 My / Our Account No.
HK\$	日 Day 月 Month 年 Year			

本人/吾等之簽署  
My / Our Signatures \_\_\_\_\_

由靈實填寫 FOR OFFICIAL USE ONLY	銀行專用 FOR BANK USE ONLY	
檔案編號 Debtor's Ref	備註 Remarks	核對簽署 Signature Verified

### 備註 NOTES:

- 本人/吾等現授權本人/吾等之上述銀行，(根據受益人或其往來銀行不時給予本人/吾等銀行之指示)由本人/吾等之賬戶內轉賬予上述受益人。惟每次轉賬金額不得超過以上指定之限額。I/We hereby authorise my/our above named Bank to effect transfer from my/our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary and/or its banker from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated above.
- 本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。如因該等轉賬而令本人/吾等之賬戶出現透支(或令現時之透支增加)，本人/吾等願共同及各別承擔全部責任。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. 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).
- 本人/吾等同意如本人/吾等之賬戶並無足夠款項支付該等授權轉賬，本人/吾等之銀行有權不予轉賬，且銀行可收取慣常之收費，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 funds in my/our account to meet any transfer hereby authorised, 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 authorisation at any time on one week's written notice.
- 本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(以兩者中最早之日期為準)。This authorisation shall have effect until further notice or until the expiry date written above (whichever shall first occur).
- 本人/吾等同意，本人/吾等取消或更改本授權書之任何通知，須於取消/更改生效日最少兩個工作天之前交予本人/吾等之銀行。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 on which such cancellation/variation is to take effect.
- 自動轉賬授權將於「到期日」一欄中所填寫之日期自動撤銷。如閣下意欲此自動轉賬授權無限期有效(或直至閣下予以撤銷為止)，請將該欄留空。This Autopay Authorisation will be cancelled automatically on the date included in the box marked "Expiry Date". If you wish the Autopay Authorisation to have effect indefinitely (or until cancelled by you) please leave box blank.
- 自動轉賬手續大約需要一個月時間辦理，自動轉賬生效後，銀行會在每月中旬進行。It takes the bank about one month to process your first donation. Transaction will normally be processed mid-month.

### 基督教靈實協會傳訊及籌募部 Haven of Hope Christian Service Communications and Resource Development Department

香港新界將軍澳靈實路7號 7 Haven of Hope Road, Tseung Kwan O, New Territories, Hong Kong

捐款熱線 Donation Hotline: 2703 3284 | 傳真 Fax: 2702 8173 | 電郵 Email: crd@hohcs.org.hk

