

TREATS One-off Donation Form - 親切 單次捐款表格

您的支持能讓更多兒童於一個平等及共融的環境中成長

| ONE-OFF DONATION AMOUNT 單次 | 捐款額 | | | | | |
|---|---------------------------------|--------------------------------|---------------------------------|-------------------------------|--|--------------------|
| ☐ HK\$1000 ☐ HK\$800 ☐ HK\$ | 500 | 0 | \$ | | | ı |
| My Details 個人資料 | | | | | 自動轉賬授權書 | |
| (Please write in BLOCK Letters 請以英文正楷填寫) Name in English: Mr/Ms/Miss | | Name of party t | | Beneficiary) 收款之一 | 方〔受益人〕 | |
| 英文姓名:先生/女士/小姐 Surname 姓 | First Name 名 | Bank no. | Branch no. | Account No. to be c | redited | |
| Name in Chinasa | | 銀行媥號 0 0 4 | 分行編號 1 1 1 | 收款帳戶之號碼 1 5 8 3 8 | 2 0 0 1 | |
| Name in ChineseDate of Birth中文姓名:出生日期: | 1 | 1. My/our full na | mes(s) with my/ou | r Bank 本人/吾等之銀行 | | |
| Mobile No. Home Tel. | | Mr/Ms/Miss 3 | 先生/女士/小姐 | | | |
| 手提電話: 住宅電話: | | 2. Bank and Brar | nch Name | | | |
| Office Tel.Fax No.辦公室電話:傳真: | | 銀行及分行名和 | 再 | | | |
| E-mail 電郵: | _ | 3. Bank No. | Branch No. | Savings / Current | Account No. | |
| Address 地址: | | 銀行編號 | 分行編號 | 本人/吾等之儲蓄/ | 來往戶口號碼 | |
| (Flat/Room)(Floor) | (Block) | | | | | |
| | (Bldg/Hse/Mansion) | 4. HKID No.香港 | 態身份證號碼/Busine | ess Registration No.商業 | 養登記證號碼(For company A/C只適用記 | 於公司戶口 |
| | (Court/Estate/Street/Road) | | | | | |
| (District) | KLN / HK / NT | 5. My/our signat | ture(s) 本人/吾等之 | 2 簽名 | | |
| , | , , | | | | | |
| □ I would like to become a volunteer. Please send me th 我希望成為義工, 請寄義工資訊給我。 | e information. | 在結單/存摺上所記 Sign your name as | 已錄之簽名 s recorded on statemer | nt/passbook | 日期 Date | |
| DONATION METHOD | 捐款 方法 | | | | er from my/our account to that of | |
| □ Credit Card 信用卡 | | | time to time provided | | as my/our Bank may receive f of any one such transfer should no | |
| □ VISA Card □ MASTER Card | ☐ JCB | | my/our Bank shall not | be obliged to ascertain who | ether or not notice of any such tran | nsfer ha |
| Credit Card Issuing Bank 信用卡簽發銀行: | | my/our account | which may arise as a | result of any such transfer(| | • |
| Credit Card Number | | operation of my | | Account to be debited for the | m is/are the same as that/those he transfer. | for the |
| 信用卡號碼: | | 6. I/we agree to | notify TREATS (name | e of beneficiary) of any ch | nange of bank account or cancel ent funds in my/our Bank account | lation o |
| Cardholder's Name 信用卡持有人姓名: | | my transfer her | eby authorized, the B | ank shall be entitled, at its | s discretion, not to effect such tree paid by me/us. This authorizat | ansfer in |
| | | 7. I/we agree tha | t any notice of cancella | ation or variation of this au | low (whichever shall first occur). thorization which I/we may give to | |
| Card Expiry DateMM/YY (Should be valid for the next 3months)信用卡有效日期至:月年 (三個月內有效) | | take effect and | at the same time such | notice shall be given to the | on which such cancellation/variate e beneficiary. 銀行不時給予本人〈等〉銀的指示 | |
| | | 〈等〉的戶口內 | 轉賬予 親切 〈受益人〉 | ,惟每次轉賬金額不得超過 證實該等轉賬通知是否已多 | 以上的限額。 | / 日 本 / |
| | | | | | f加〉,本人〈等〉願共同及各別承 | 擔全部責 |
| Cardholder's signature Da | ate | 4. 本人〈等〉確認 | 本人〈等〉在此表格上 生效直至另行通知為止 | 上的簽署與本人〈等〉用以軸 1.。 | 專賬的戶口的簽署相同。 | |
| | 期 | 6. 本人〈等〉同意 | 會通知 親切 〈受益人〉 | 任何銀行戶口的變更或取消 | 的交費方式,亦同意如本人〈等〉的 ·且銀行可收取慣常的收費。本授村 | |
| *Please ensure that you sign the form as well as any alterations in credit card account. | . , , , , | | ,本人〈等〉取消或更 | 期日為止〈以兩者中最早的 改本授權書的任何通知,須 | 的日期為準〉。 質於取消/更改生效日最少兩個工作: | 天之前交 |
| Your personal data will be kept confidential. | | | | | e same way as you sign your acco | ount.簽名 |
| 您的個人資料將會絕對保密! The above information will be used for issuing receipt, fostering cor | nmunications, raising funds and | | | 如有任何塗改,請在旁加簽 | · · · · · · · · · · · · · · · · · · · | |
| conducting donor survey for TREATS. 親切 將運用你的個人資料發出收據、通訊、籌募本會經費及收集意見之用途。 Please notify us in writing if you do not wish to receive future mailings from TREATS. 若閣下不希望收到本會之通訊,請來函通知。 | | For Official Use Only | | For Bank Use | Signature Verified | |
| | | Debtor's Reference (| For IREAIS use) | 由銀行填寫 | 簽名式樣 | |
| | | | | | | |
| For official uses | | | | | | |
| For official use: Donor No. | Entry Date | | Remark | KS . | | |

*填妥後請以電郵/傳真或郵寄至本會 Please return to us by email/fax or post