

# 「培幼同行計劃」捐款表格 “Plan with Children” Donation Form

## 每月捐款 MONTHLY DONATION

- HK\$60    HK\$120    HK\$200    HK\$300    HK\$500  
 其他 Other (必須多於 more than HK\$60) HK\$ \_\_\_\_\_

## 捐款人資料 DONOR INFORMATION (請盡量以英文正楷填寫 Please write in BLOCK letters)

英文姓名 Name in English :	先生Mr / 太太Mrs / 女士Ms / 小姐Miss
中文姓名 Name in Chinese :	捐助者號碼 (如適用) Donor ID (if applicable) :
手提電話 Mobile No. :	電郵 Email :
地址 Address :	
我希望用以下方式收取年度收據 (捐款港幣一百元以上可扣減稅項) I would like to receive my official annual receipt via (donations of HK\$100 or above are tax deductible) <input type="checkbox"/> 電郵 Email <input type="checkbox"/> 郵寄 Postal mail <input type="checkbox"/> 我不需要年度收據 I do not want to receive the official receipt	
收據抬頭 Name on receipt (請以英文正楷填寫 Please write in BLOCK letters)	

## 捐款方法 DONATION METHOD (恕不接受現金捐款 Cash donation is not accepted)

<input type="checkbox"/> 本地信用卡 Local Credit Card	<input type="checkbox"/> VISA	<input type="checkbox"/> Master Card
<input type="checkbox"/> 海外信用卡 Overseas Credit Card		
信用卡號碼 Credit Card No. :		
持卡人姓名 Cardholder's Name :		
有效日期 Card Expiry Date :	(月MM / 年YY)	(三個月內有效 3 months validity)
持卡人簽署 Cardholder's Signature :		

本人同意此授權書於本人之信用卡有效期後及獲續發新卡時繼續生效，並毋需另行填寫授權書。  
本人同意此授權書於本人之信用卡有效期後及獲續發新卡時繼續生效，並毋需另行填寫授權書。  
I agree the validity of this agreement will continue before or after the expiry date of my credit card account.  
信用卡每月的15號過數。Credit card transactions will normally be processed on or around the 15<sup>th</sup> day of the month.

- 銀行自動轉賬 Bank Autopay (只適用於每月捐款。For monthly donation only.)  
請填妥右頁之自動轉賬授權書。Please fill the Direct Debit Authorisation Form on the right.

\*如欲更改每月捐款安排，請於每月過帳前七個工作天致電或電郵至國際培幼會查詢。  
To change any arrangements of your monthly donations, please contact Plan International Hong Kong via telephone/ email 7 working days before the transaction date each month.

## 捐款者選擇 DONOR PREFERENCE

我選擇的通訊語言是My preferred language for communication is :  英文 English    中文 Chinese

通訊方式選擇 Preference of communication  
培幼會會刊、活動邀請及捐款呼籲  
Newsletters, programmes & donation invitations from Plan

電郵 Email	郵寄 Postal mail
<input type="checkbox"/>	<input type="checkbox"/>

## 您的個人資料將會絕對保密！Your personal data will be kept confidential.

國際培幼會 (培幼會) 尊重及保護閣下的個人私隱。培幼會和培幼會指定服務供應商會按閣下提供的個人資料 (包括姓名及聯絡資料)，而根據刊於培幼會網頁 www.plan.org.hk 內的隱私政策，有關資料只作行政、發送收據及通訊用途，並在閣下同意之下，作市場推廣之用。培幼會透過電郵、郵件或電話，通知閣下有閣本會慈善籌款項目及活動的最新情況，和作出捐款呼籲。  
Plan respects and protects your privacy. Plan and our appointed service providers may use your personal information (including your name and contact details) only for the purposes of administration, receipt issuing, communications, and subject to your consent, marketing purposes in accordance with our Privacy Policy as stated in our website: www.plan.org.hk. We will contact you to provide marketing materials about our programmes, events and initiatives and invite you to donate, either by means of e-mail alerts, mail or phone.

- 本人願意 I agree    本人不願意 I do not agree

收取培幼會的資訊及活動邀請，並同意培幼會使用本人的個人資料作此用途。  
to receive news and invitations from Plan International and consent to the use of my personal data for this purpose.  
閣下可隨時聯絡我們，要求培幼會停止使用閣下的個人資料。培幼會不會收取任何費用。  
You can opt out at any time, free of charge, by contacting us.

## 自動轉賬授權書 DIRECT DEBIT AUTHORISATION FORM

收款一方之名稱 (收款人) Name of party to be credited (The Beneficiary) :		
國際培幼會有限公司 Plan International Hong Kong Limited		
銀行編號 Bank No.	分行編號 Branch No.	收款賬戶之號碼 Account No. to be credited
004	640	068318838

銀行及分行名稱 Bank and Branch name		
銀行編號 Bank No.	分行編號 Branch No.	本人 (等) 之儲蓄/往來戶口號碼 Savings/Current Account No.

本人 (等) 之銀行戶口姓名 My/Our full name(s) with my/our Bank
先生Mr / 女士Ms / 小姐Miss

本人 (等) 之地址 My / Our full address
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室 Flat / Room	樓 Floor	座 Block
大廈 Bldg. / Mansion/House	屋苑 / 街市 Court / Estate / Street / Road	地區 District
		香港HK / 九龍KLN / 新界NT

每次 / 月最高付款限額 Maximum Limit for Each Payment / Month	填表日期 Date of Completing Form
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注意: 如無填寫, 付款銀行會將轉賬限額定為“不設上限”。  
Note: If Blank, the debtor's bank will set as "unlimited".

銀行戶口之簽名 Signature of Bank Account Holder	戶口持有人之身份證號碼 ID No. of Account Holder
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## 此欄不用填寫 For Official Use Only

捐款人編號 Debtor's reference	由銀行填寫 For Bank Use	簽名式樣 Signature Verified
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請交回表格正本，任何塗改請簽名以示確認。  
Only originals are accepted, any alteration requires signature.

- 本人 (等) 現授權本人 (等) 的上述銀行，(根據收款人或其往來銀行及/或代理行不時給予本人 (等) 銀行的指示) 自本人 (等) 的戶口內轉賬予上述收款人，惟每次轉賬金額不得超過以上指定的限額。
  - 本人 (等) 同意本人 (等) 的銀行毋須證實該等轉賬通知是否已交予本人 (等)。
  - 如因該等轉賬而令本人 (等) 的戶口出現透支 (或令現時的透支增加)，本人 (等) 願共同及個別承擔全部責任。
  - 本人 (等) 同意如本人 (等) 的戶口並無足夠款項支付該等授權轉賬，本人 (等) 的銀行有權不予轉賬，且銀行可收取慣常的收費，並可隨時以一星期書面通知取消本授權書。
  - 本直接付款授權書將繼續生效直至另行通知為止或五至七到日為止 (以兩者中最早的日期為準)。本人 (等) 同意如本人 (等) 已設立直接付款授權的戶口連續三十個月內未有根據本授權書作出過賬的紀錄，本人 (等) 的銀行保留權利取消本直接付款安排而毋須另行通知本人 (等)，即使本授權書未到期或未有註明授權到期日。
  - 本人 (等) 同意，本人 (等) 取消或更改本授權書的任何通知，須於取消/更改生效日期最少兩個工作天之前交予本人 (等) 的銀行。  
附註: 1. 本人 (等) 確認本人 (等) 在此表格的簽署與本人 (等) 用以轉賬的戶口的簽署相同。2. 捐款約每90天過數。
  - I/We hereby authorize my/our above named Bank to effect transfers 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 and/or its banker's correspondent from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated above.
  - I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer or reversal notice 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).
  - I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, 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 authorization at any time on one week's written notice.
  - This direct debit authorization shall have effect until further notice or until the expiry date written above (whichever shall first occur). I/We agree that if no transaction is performed on my/our account under such authorization for a continuous period of 30 months, my/our Bank reserves the right to cancel the direct debit arrangement without prior notice to me/us, even though the authorization has not expired or there is no expiry date for the authorization.
  - I/We agree that any notice of cancellation or variation of this authorization 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.
- Notes: 1. I/We confirm that my/our signature(s) on this application form is/are the same as that/those for the operation of my/our Saving/Current Account to be debited for the transfer. 2. Transaction will normally be processed on or around the 9<sup>th</sup> day of the month.

請將填妥表格郵寄、電郵或傳真至國際培幼會。

Please mail, email or fax the completed form to Plan International Hong Kong.