

# 幸福傳聲基金會每月捐款計劃 BlessVision Foundation Limited Monthly Donation Program

## 捐款者資料 Donor's Information

姓名 Name (先生 Mr / 女士 Ms) (姓 Last) (名 First)	捐款者號碼 (如適用) Donor No. (if applicable)	
地址 Address	聯絡電話 Tel	
	傳真 Fax	
如收據抬頭與上述姓名不同, 請註明: If the name of the receipt is different from the above, please state:	電郵 Email	
請選擇通訊語言 Please choose preferred language for communications: <input type="checkbox"/> 中文 <input type="checkbox"/> English		

## 個人資料收集聲明 Personal Information Collection Statement

幸福傳聲基金會盡力遵守《個人資料(私隱)條例》(條例)中所列載的規定, 確保儲存的個人資料準確無誤, 及有妥善的儲存方法。為保障資料當事人的利益, 本會只收集當事人提供的個人資料作有關捐款事宜、發收據及活動報名用途, 並只依照上述所說明的用途以及為推廣(見下文)使用該等資料。  
幸福傳聲基金會可能運用你的個人資料(包括你的姓名、電話、傳真、電郵及郵寄地址), 以便本會日後與你通訊、籌款、作活動培訓課程邀請或收集意見的推廣用途。倘本會未得到你的同意之前, 本會不可以使用你的個人資料作推廣之用途。你亦可以隨時要求本會停止使用你的個人資料作上述推廣之用途, 費用全免。日後查閱或更新個人資料, 請隨時致電 2155 2800。  
BlessVision Foundation Limited undertakes to comply with the requirements of the Personal Data (Privacy) Ordinance to ensure that personal data kept are accurate and securely kept. To safeguard interest of our data subject, Hong Kong Red Cross collects personal data from you for the purposes of handing donations, issuing receipts, and registration, and will only use your personal data for such purposes and promotion purposes (as defined below).  
BlessVision Foundation Limited may use your personal data (name, telephone number, fax number, email and mailing addresses) for the purposes of providing you with information of Hong Kong Red Cross, fundraising appeal, activities invitation as well as for feedback collection and related promotion purposes. However, we cannot use your personal data unless we have received your consent. Upon your request at any time and at no charge, we will cease to use your personal data for promotion purposes. You may contact us at 2155 2800 for enquiry or the updating of your personal data.

倘你同意本會左列的安排, 請於下方簽署。

**Please sign at the end of this statement to indicate your agreement to such use of personal data as the left**

如你不同意左列安排, 請在簽署前於下欄加上✓\*  
號表示。  
Should you find such use of your personal data not acceptable, please indicate your objection before signing by ticking the box below.  
 本人不同意上述有關使用個人資料的安排。  
I object to the proposed use of my personal data as stated above.

簽署 Signature: \_\_\_\_\_

姓名 Name: \_\_\_\_\_

日期 Date: \_\_\_\_\_

## 捐款資料 Donation Information

我願意成為幸福傳聲基金會每月定期捐款者 I would like to join the BlessVision Foundation Limited Monthly Donation Program  
每月捐款金額 Monthly Donation Amount:  HK\$2,000  HK\$1,000  HK\$500  \_\_\_\_\_ (其他捐款金額 Other donation amount)

## 捐款方法 Donation Method

透過信用卡每月捐款 By credit card to donate monthly

信用卡捐款者可郵寄或傳真此表格至 2155 2508。Credit Card donation can be sent to us by mail or by fax to 2155 2508

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMERICAN EXPRESS
持卡人姓名 Cardholder's Name	持卡人簽名 Cardholder's Signature	
信用卡號碼 Card No.	有效期至*Expiry Date*	月 Month 年 Year

\* 本人授權幸福傳聲基金會由本人之信用卡戶口轉賬上述指定金額作定期捐款。此授權在本人之信用卡有效期過後及獲發新卡後仍繼續生效, 直至另行通知。  
The authorization for the BlessVision Foundation Limited 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.

透過銀行自動轉賬每月捐款 By bank auto-pay to donate monthly

請把捐款表格之正本郵寄回本會以設立銀行自動轉賬服務。表格上如有任何塗改, 請在旁簽署。 Please mail the original donation form to us for auto-pay set up. **Please sign against any alterations you make on this form**

收款人之一方 (受益人) Name of the Party to be credited (The beneficiary) 幸福傳聲基金會有限公司 BlessVision Foundation Limited	銀行號碼 Bank No. 0 4 3	分行號碼 Branch No. 4 7 8	賬戶號碼 Account No. 1 1 4 4 5 7 3 1
本人/吾等之銀行及分行名稱 My/Our Bank Name and Branch	銀行號碼 Bank No.	分行號碼 Branch No.	本人/吾等之賬戶號碼 My/ Our Account No.

本人/吾等在結單/存摺上所紀錄之名稱 My/Our Name(s) as recorded on Statement/Passbook

本人/吾等在結單/存摺上所紀錄之地址 My/Our Address as recorded on Statement/Passbook

每月捐款之限額 Limit for Each Monthly Donation ** 如「每月捐款之限額」一欄未有填上, 債務銀行會將轉賬限額設定為「不設上限」。 If "Limit for Each Monthly Donation" is not specified, the debtor's bank will set the limit as "unlimited". HK\$	本人/吾等之簽名 My/Our Signature(s) ** 必須與銀行賬戶所簽者完全相同 same signature of your bank account holder(s).	日期 Date
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## 此欄由本會職員填寫 For official use only

幸福傳聲基金會債務人(捐款人)參考 BVF Debtor Ref. (Donor Ref.) No.	銀行專用 For Bank Use	簽名式樣 Signature Verified
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1) 本人(等)現授權本人(等)之上開銀行, (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。  
2) 本人(等)同意本人(等)的銀行毋須證實該等轉賬通知或沖銷通知是否已交予本人(等)。3) 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。4) 本人(等)明白本人(等)須在指定的轉賬日期(即根據本人(等)的銀行從收款人或共往來銀行及/或代理行不時收得的指示)前一個營業日(另行辦公時間內)在戶口內備有足夠款項以便支付該等授權轉賬。本人(等)的銀行有絕對的權利不予轉賬, 且本人(等)的銀行可收取價值的收費, 並可隨時取消該等授權轉賬且毋須通知本人(等)。為免疑義, 本人(等)的銀行可隨時自行決定取消該等授權轉賬且毋須通知本人(等)。5) 本直接付款授權書將繼續生效直至另行通知為止(以兩者中較遲的日期為準)。本人(等)同意本人(等)已設立或將直接授權轉賬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), 即使本授權書並未到期或未有註明授權到期日。6) 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/更改生效日最少兩個工作日之前交予本人(等)的銀行。  
1) I/We hereby authorise 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. 2) 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. 3) 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). 4) I/We understand that I/we must maintain sufficient funds in the account one business day (before the close of branch banking hours) before the transfer date (as specified in the instructions received by my/our Bank from the beneficiary and/or its banker and/or its banker's correspondent from time to time) for the transfer authorised herein. I/We agree that should there be insufficient funds in my/our account to meet any transfer authorised herein, my/our Bank will be entitled, at its absolute discretion, not to effect such a transfer in which event the Bank may levy its usual charges and may cancel this authorisation at any time without notification to me/us. For the avoidance of doubt, the Bank may cancel this authorisation at its sole discretion at any time without prior notice. 5) This direct debit authorisation 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 authorisation 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 authorisation has not expired or there is no expiry date for the authorisation. 6) 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.