

每月捐款表格 Monthly Donation Form

請把表格傳真至 (852) 3792 0771 或電郵至 infohk@helpmeseesee 或寄回「香港灣仔軒尼詩道226號寶華商業中心21樓助視會」。
Please complete and return the form by fax to (852) 3792 0771 or by email to infohk@helpmeseesee.org. or by mail to "HelpMeSee Hong Kong, 21/F., Po Wah Commerical Centre, 226 Hennessy Road, Wan Chai, Hong Kong."
請在適當空格加上「√」。 Please add "√" in the appropriate box.
任何塗改, 請在旁加簽確認。 Any alternation requires signature.

捐款人資料 Donor's Details		*請以英文正楷填寫 Please Complete in BLOCK Letters
姓氏 Surname:	名字 First Name:	性別 Gender: M/F
中文姓名 Chinese Name: 先生 Mr / 女士 Ms / 小姐 Miss	出生日期 Date of Birth: (dd/mm/yy)	
手提電話 Mobile No.:	住宅電話 Home No.:	
電郵 E-mail:		
通訊語言選擇 Communications Language:	English / 中文	
地址 Address: 室 Room / Flat: 樓層 Floor: 座 Block / House:		
大廈 Building:	屋苑 / 邨 Court / Estate:	
街道 Street:	地區 District:	香港 HK / 九龍 KLN / 新界 NT

請選擇捐款收據的接收方式

How would you like to receive your receipt:

郵寄 By Mail 電郵 By Email 不需收據 No Receipt

若捐款者姓名或地址/電郵欠奉, 恕未能發出收據。

Please provide donor name with valid address/email to receive donation receipt.

捐款收據抬頭人姓名 (如非捐款者本人)
Name on receipt (if different from donor):

我樂意每月捐助予助視會

I would like to support HelpMeSee through monthly donation

HK\$200 HK\$350 HK\$500
 其他金額 Other Amount: HK\$

一年內累積捐款達港幣\$100或以上可憑收據在香港申請扣減稅項。
每月捐款年度收據會於每年4月發出。

Accumulated donations of HK\$100 or above during financial year are tax deductible with a receipt in Hong Kong.
For monthly donations, an annual receipt would be issued in April.

您的個人資料絕對保密, 本會亦會嚴格遵照《個人資料(私隱)條例》規定處理。
以上資料只供本會與閣下聯絡安排簽發收據、提供助視會項目動向、籌募及各項活動推廣用途。
如閣下不希望收到來自

- 所有助視會的電子郵件;
- 所有助視會郵寄的文件;

請在適當的空格加上「X」號。
Your personal data will be kept strictly confidential and processed under the Personal Data (Privacy) Ordinance. Any personal data collected will be used for receipting, updates about HelpMeSee initiatives, fundraising and/or event promotion purposes only. If you do not wish to receive

- all emails from HelpMeSee;
- all mails from HelpMeSee, please mark an "X" in the opt-out box.

信用卡付款授權書

Credit Card Payment Authorisation Form

Indiv_GD_RG_Web

信用卡類別 Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express
信用卡號碼 Card Number: [] - [] - [] - []
持卡人姓名 Cardholder's Name:
簽發銀行 Issuing Bank:
到期日 Expiry Date: 必須於三個月內有效 with 3 months valid period /
持卡人簽署 Cardholder's Signature:

本人現授權助視會有限公司由本人之信用卡賬戶內定期扣除上述之賬款, 直至本人另行通知為止。
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, 並毋須另行填寫授權書。
信用卡於每月約10號轉賬, 但首月捐款及個別情況除外。

I hereby authorise Help Me See Inc. Ltd to charge my credit card account for the amount specified in a regular manner as agreed upon by me and Help Me See Inc. Ltd. Until further notice. I agree the validity of this agreement will continue before or after the expiry date of my credit card account. Credit card transaction will normally be processed on or around the 10th of each month (except the first month donation and special cases).

請刮下信用卡之正面以做資料核對

Please scratch your credit card for verify

請把信用卡正面朝上放在本欄的方格下用鉛筆或原子筆在紙上輕刮直到能清楚顯示閣下之信用卡號碼

Please place your credit card directly below this section with the front facing up. Use a pencil or pen to scratch the paper until the credit card numbers become clearly visible.

For Office Use Only:

Receive Date:	Form No.:
Entry Date:	Donor No.:
Remarks:	