

每月捐款表格 Monthly Donation Form

請把表格正本寄回「香港灣仔軒尼詩道226號寶華商業中心21樓助視會」。
Please mail the original form to "HelpMeSee Hong Kong, 21/F, Po Wah Commercial 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

<input type="checkbox"/> HK\$200	<input type="checkbox"/> HK\$350	<input type="checkbox"/> HK\$500
<input type="checkbox"/> 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.

自動轉賬授權書

Direct Debit Payment Authorisation Form

Indiv_GD_RG_Web

收款之一方名稱(收款人) Name of party to be credited (The Beneficiary):

助視會有限公司 Help Me See Inc. Ltd.

銀行 Bank: 香港上海匯豐銀行 Hongkong and Shanghai Banking Corporation
賬戶之號碼

Account No. to be credited: **004-582-325122838**

本人(等)之銀行的戶口姓名 My/Our Full Name(s) with My/Our Bank
先生 Mr / 女士 Ms / 小姐 Miss

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 / 來往戶口號碼
Saving / Current Account No.:

香港身分證 / 護照號碼 HKID Card No. / Passport No.:

本人(等)之銀行戶口簽名 My/Our Bank Account Signature(s)*:

* 請確認閣下之簽名與銀行戶口簽名相同, 任何塗改請簽名以示確認。

* Please ensure that you sign the form the same way that you would sign your bank account and sign against any alteration you make on this form.

此欄不用填寫 For Office Use Only

支賬參考 Debtor's reference	銀行填寫 For Bank Use
	簽名核對 Signature Verified

銀行自動轉賬於每月約10號轉賬, 但首月捐款及個別情況除外。
Direct Debit transaction will normally be processed on or around the 10th of each month (except the first month donation and special cases).

附註:

- 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)的戶口內轉賬予助視會有限公司。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或沖銷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)確認本人(等)在此表格上的簽署與本人(等)用以轉賬的戶口簽署相同。
- 本人(等)同意通知助視會有限公司任何銀行戶口的變更或取消交費方法, 亦同意如本人(等)的戶口並無足夠款項支付該等授權轉賬, 本人(等)的銀行有絕對的情權不予轉賬, 且本人(等)的銀行可收取慣常的收費, 並可隨時取消該等授權轉賬且毋須通知本人(等)。為避免疑問, 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)。
- 本直接付款授權書將繼續生效直至另行通知為止。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而作出過賬的紀錄, 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。
- 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天之前交予本人(等)的銀行及助視會有限公司。

Notes

- I/We hereby authorise my /our above-named Bank to effect transfer from my/our account to that of Help Me See Inc. Ltd. in accordance with such instructions as my/our Bank may receive from the beneficiary from time to time provided always that the amount of any one such transfer should 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 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 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.
- I/We agree to notify Help Me See Inc. Ltd. of any change of bank account or cancellation of payment method and further 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.
- The direct debit authorisation shall have effect until further notice. I/We agree that if no transaction is performed on my/our account under such authorisation for a continuous period of 30 months, the Bank reserves the right to cancel the direct debit arrangement without prior notice to me/us, even though there is no expiry date for the authorisation.
- 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 and at the same time such notice shall be given to the Help Me See Inc. Ltd.

For Office Use Only:

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