

我願意捐款支持香港乳癌基金會

I would like to support the Hong Kong Breast Cancer Foundation by making a Donation

- | | | |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> HK\$ 200 | 可為一位乳癌病人提供淋巴水腫指數測量 | Lymphoedema index measurement for one breast cancer patients |
| <input type="checkbox"/> HK\$ 500 | 可為新確診乳癌患者提供護理錦囊 | Provide comfort packs for 5 newly diagnosed breast cancer patients |
| <input type="checkbox"/> HK\$ 980 | 可為有財政困難的婦女提供免費乳房 X 光造影檢查 | Give free mammogram for a financially underprivileged woman |
| <input type="checkbox"/> HK\$ 2,800 | 可為有財政困難的婦女提供粗針穿刺活組織檢查 | Diagnostic needle biopsy for a financially challenged woman |
| <input type="checkbox"/> HK\$ 3,500 | 可支援乳癌患者踏上復康之路 | Support a breast cancer patient during her fight against cancer |
| <input type="checkbox"/> HK\$ _____ | | |

捐款者資料 Donor's Information

先生 / 小姐 / 女士 / 太太
Mr. / Miss / Ms. / Mrs.
姓氏 Surname _____ 名字 First Name _____ 中文姓名 Chinese Name _____
手提電話 Mobile: _____ 辦公室/住宅電話 Office/Home Tel: _____ 電郵 Email: _____
地址 Address: _____
香港身分證/護照號碼/商業登記証號碼 HKID No./Passport No./B.R. No.: _____ 出生日期 Date of Birth: _____ (日 DD/月 MM/年 YYYY)
收據抬頭 Name of Receipt: _____ (若與上述捐款人不同方需填寫) (Specify if differ from donor name above)

Your personal information will be treated as strictly confidential and used solely for processing donation, issuing receipts and communication purposes. Please ✓ one of the boxes: <input type="checkbox"/> I wish / <input type="checkbox"/> I don't wish to receive information from Hong Kong Breast Cancer Foundation.	您的個人資料將保密處理，並只會用作捐款處理、發出收據和通訊等用途。 請在方格內以 ✓ 表示：本人 <input type="checkbox"/> 同意 / <input type="checkbox"/> 不同意 接收香港乳癌基金會的資訊。
請選擇以何種途徑讓我們跟您分享本會的工作進展及最新消息 Please tell us how you would like to receive our latest news and developments	<input type="checkbox"/> 電郵 Email <input type="checkbox"/> 一般郵件 Post
通訊語言 (請選其一) Language Preference (select one only)	<input type="checkbox"/> 英文 English <input type="checkbox"/> 中文 Chinese

捐款方法 Donation Methods

<input type="checkbox"/> 信用卡 Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard 簽發銀行 Card Issuing Bank: _____ 有效日期 Expiry Date: _____ 月 _____ 年 _____ (*有效期不少於兩個月 minimum valid for 2 months)	持卡人姓名 Cardholder's Name: _____ 信用卡號碼 Credit Card No.: _____ 持卡人簽署 Cardholder's Signature: _____
<input type="checkbox"/> 銀行入數 Bank Deposit 請把善款直接存入香港乳癌基金會之匯豐銀行戶口: 094-793650-838。請連同存款收據正本/自動櫃員機單據正本寄回。捐款者請保留收據副本。 Please make a deposit into the Hong Kong Breast Cancer Foundation's bank account (HSBC A/C: 094-793650-838), and send us the original bank payment slip/ ATM slip with this form. Please keep a photocopy of the slip for your own record.	
<input type="checkbox"/> 劃線支票 Crossed Cheque 支票抬頭請寫「香港乳癌基金會有限公司」，並在支票背面寫上姓名及聯絡電話。 Please make the cheque payable to "Hong Kong Breast Cancer Foundation Limited". Please mark your name and contact number on the back of the cheque.	

此欄由本會職員填寫 For Official Use Only		
捐款人編號 Donor/Debtor's Reference No.	供銀行專用 For Bank Use	簽名式樣核對 Signature Verified
聲明 Declaration 本人/吾等茲授權香港乳癌基金會及上述銀行，由本人/吾等之銀行帳戶內支付帳款。如因支付後引致本人/吾等之帳戶透支，或增加原有的透支金額，亦請照付。但銀行方面，則可因本人/吾等之存款不足而拒予撥付，且銀行可收取慣常之收費，亦可隨時以一星期書面通知取消本授權書。本人/吾等同意通知香港乳癌基金會有關更改銀行帳戶或取消轉帳付款方式。本人/吾等同意取消或更改本授權書之任何通知須於取消或更改生效日最少一星期之前交與本人/吾等之銀行。本人/吾等同意本人/吾等之銀行無須證實該等通知是否已交付本人/吾等。如因該等轉帳而令本人(等)之下述戶口出現透支(或令現時之透支增加)，本人(等)會共同及各別承擔全部責任。本人/吾等明白可將超過兩年未有任何過帳記錄之直接付款授權書 告失效，及可刪除該授權記錄而毋須另行通知。 I/we hereby authorise the Hong Kong Breast Cancer Foundation to initiate and the Bank name above to process debits to my/our account notwithstanding that to do so may result in an overdraft or an increase on the existing overdraft on my/our account. Should there be insufficient funds in my/our account to meet such transfer hereby authorised, 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 authorisation at any time on one week's written notice. I/we agree to notify the Hong Kong Breast Cancer Foundation of any change of bank account or cancellation of payment method. 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 one week prior to the date on which such cancellation or variation is to take effect. 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 below-mentioned account which may arise as a result of any such transfer(s). I/We understand that if there is no transaction being recorded under this direct debit authorisation for over two years, the Bank may delete this direct debit authorisation without giving any notice.		

*表格上如有任何塗改，請在旁簽署。Please sign against any alterations you make on this form.

港幣一百元或以上的捐款，可憑收據申請扣減稅項 (稅局檔號 91/7226)。All donations of HK\$100 or above are tax deductible (IRD File no. 91/7226).

請以正楷填妥本表格，並寄回香港乳癌基金會香港北角木星街9號永昇中心1603室或傳真至本會2525 6233。

Please complete the form and return to us by post to Hong Kong Breast Cancer Foundation, Unit 1603, Jupiter Tower, 9 Jupiter Street, North Point or by fax 2525 6233.

多謝您的慷慨捐助！Thanks for your generosity!