

請在適當地方加上“”號 Please put a “” where applicable

請填妥本表格，並寄回：香港北角木星街9號永昇中心22樓香港乳癌基金會。如有查詢，請致電3143 7371與籌募及傳訊部聯絡。

Please return the completed form to : Hong Kong Breast Cancer Foundation, 22/F, Jupiter Tower, 9 Jupiter Street, North Point, Hong Kong. For enquiries, please contact our Fundraising & Communications Department at 3143 7371.

本人樂意每月定額捐款。

I would like to make a monthly donation.

本人樂意作單次捐款。

I would like to make a one-off donation.

捐款金額 Donation Amount

<input type="checkbox"/> HK\$4,000	資助超聲波導引粗針穿刺及活組織檢查(乳癌活組織檢查) Covers an ultrasound-guided core needle biopsy for breast cancer detection
<input type="checkbox"/> HK\$1,500	資助一次免費乳房 X 光造影檢查 Provides a free mammogram
<input type="checkbox"/> HK\$1,000	資助兩次由註冊護士教授淋巴水腫預防及引流按摩指導 (個別) Sponsor two sessions of Preventive Lymphoedema Massage Instruction (Individual) facilitated by a registered nurse
<input type="checkbox"/> HK\$640	資助一次中醫診症及連兩日中藥以紓緩治療後的副作用 Funds one traditional Chinese medicine consultation and a two-day medication supply relieve post-treatment side effects
<input type="checkbox"/> HK\$420	資助一次淋巴水腫指數測量 Covers a Lymphoedema Index Measurement
<input type="checkbox"/> HK\$250	資助一次「間歇性氣動加壓治療」，以紓緩淋巴水腫帶來的不適 Provides one session of Intermittent Pneumatic Compression Device Treatment
<input type="checkbox"/> HK\$ _____	

捐款者資料 Donor Information

捐款類型 : 個人捐款 Individual Donor 機構捐款 Corporate Donor

先生Mr. 小姐Miss. 女士Ms. 太太Mrs.

姓氏 Surname _____ 名字 Given Name _____ 中文姓名 Chinese Name _____

公司名稱 Name of Company _____ 電話 Tel _____

電郵 Email _____ 地址 Address _____

捐款收據 Donation Receipt

捐款港幣100元或以上，將獲發可申請免稅的收據。

For donations of HK\$100 or above, a tax-deductible receipt will be provided.

郵寄收據 Receipt by post 電子收據 Receipt by email 毋須收據 Receipt is not required

收據抬頭 Name on Receipt _____ (若與捐款者不同 If different from donor's name)

捐贈者鳴謝 Acknowledgement of Donor

凡於本財政年度*累積捐款達港幣5,000元或以上者，本會將於季度月刊及/或年刊中致以鳴謝。此外，鳴謝內容亦可能刊載於本會其他通訊媒介。

For cumulative donations of HK\$5,000 or above within the fiscal year, acknowledgements will be included in the HKBCF quarterly E newsletter and/or Annual Report. Acknowledgements may also appear on our other communications platforms.

請在下方註明您的意願。如未有填寫，將以善長名稱作鳴謝之用。

Please indicate your preference below. If left blank, the donor's name will be used for acknowledgement.

鳴謝名稱 Name for Acknowledgement _____

毋須鳴謝 Acknowledgement is Not Required.

*本會財政年度為每年7月至翌年6月。 Our fiscal year runs from July to June of the following year.

信用卡 Credit Card (適用於每月捐款及單次捐款 Suitable for Monthly and One-Off Donation) Visa Mastercard

持卡人姓名 Cardholder's Name _____

簽發銀行 Card Issuing Bank _____

信用卡號碼 Credit Card No. _____

有效日期 Expiry Date _____ 月 Month _____ 年 Year _____ 持卡人簽署 Cardholder's Signature _____

 銀行存款或轉賬 Bank Deposit or Transfer (適用於單次捐款 Suitable for One-Off Donation)

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，並在存款收據正本/自動櫃員機單據背面寫上姓名及聯絡電話，連同此表格寄回。

Please make a deposit into the Hong Kong Breast Cancer Foundation's bank account (HSBC A/C : 094-793650-838). Kindly write your name and contact number on the back of the bank/ATM slip, and return it to us together with this form.

 劃線支票 Crossed Cheque (適用於單次捐款 Suitable for One-Off Donation)

請於支票抬頭請寫上「香港乳癌基金會有限公司」，連同此表格寄回。

Please make the cheque payable to " Hong Kong Breast Cancer Foundation Limited " and return to us together with this form.

支票號碼 Cheque no. _____

 現金 Cash (適用於單次捐款 Suitable for One-Off Donation)

必須連同本表格親身遞交到香港乳癌基金會，切勿郵寄現金。

By hand only, together with this form to Hong Kong Breast Cancer Foundation. Please DO NOT send cash by post.

 自動轉賬 Autopay (適用於每月捐款 Suitable for Monthly Donation)

收款之一方 (受益人) Name of party to be credited (The Beneficiary)

香港乳癌基金會有限公司

Hong Kong Breast Cancer Foundation Limited

銀行編號 Bank No. 分行編號 Branch No. 收款賬戶號碼 Account no. to be credited

0 0 4

0 9 4

7 9 3 6 5 0 8 3 8

本人(等)的銀行及分行名稱 My/Our Bank Name and Branch _____

銀行編號 Bank No. 分行編號 Branch No. 本人(等)的戶口號碼 My/Our Account No.

本人 (等) 在結單/存摺上所紀錄的名稱
My/Our Name(s) as recorded on Statement/Passbook
(請以英文正楷填寫 / in BLOCK LETTERS)

本人(等)在結單/存摺上所紀錄的地址 My/Our Address as
recorded on Statement/Passbook

付款人名稱 (如非戶口持有人，請填寫)
Debtor Name (Please specify if other than Account Holder)
(請以英文正楷填寫 / in BLOCK LETTERS)

付款人編號 (由香港乳癌基金會填寫)
Debtor Reference (To be filled by HKBCF)
(貴賬戶與收款一方的編號 Reference between yourself and the party to be credited)

每月付款之限額
Payment Limit per Month

本人(等)銀行戶口簽署
My/Our Bank Account Signature(s)

日期 (日/月/年)
Date (day/month/year)

HK\$ _____

聲明 Declaration

- 本人(等)現授權本人(等)之上述銀行(根據受益人不時給予本人/吾等銀行之指示)，由本人(等)之賬戶內轉賬予上述受益人。惟轉賬金額不得超過以上指定每月付款之限額。 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. The amount of the transfer shall not exceed the payment limit per month.
- 本人(等)同意本人(等)之銀行無須證實該等轉賬通知是否已交予本人(等)。 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.
- 因該轉賬而令本人(等)之賬戶出現透支(或令現時之透支增加)，本人(等)願共同及個別承擔全部責任。 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).
- 本人(等)同意本人(等)之賬戶並無足夠款項支付該等授權轉賬，本人(等)之銀行有權不予以轉賬，且銀行可收取償常之費用。 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.
- 本人(等)同意，本人(等)取消或更改本授權書之任何通知，須於每月20日前交予本人(等)之銀行，並同時通知上述受益人。 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 on 20th of each month and at the same time such notice shall be given to the beneficiary.
- 本人(等)確認本人(等)在此表格上的簽署與本人(等)用以轉賬的戶口的簽署相同。本直接付款授權書將繼續生效直至通知為止或會通知香港乳癌基金會任何銀行戶口的變更或取消交費方式。 We confirm my/our signature(s) on this form is/are the same as the signature(s) of my/our Bank account given above. Until further notice, I/We hereby authorize Hong Kong Breast Cancer Foundation to initiate, and the Bank named above to process debits to my/our account from time to time.

此欄由本會職員填寫 For Official Use Only

供銀行專用 For Bank Use

捐款人編號 Donor/Debtor's Reference No.

分行印章 Branch Chop

職員編號 Staff ID

香港乳癌基金會遵循《個人資料(私隱)條例》的規定處理及儲存您的個人資料，絕不會向第三方出售您的個人資料。您所提供的個人資料將絕對保密，並只會用作捐款處理，及日後聯絡、機構通訊、宣傳活動或收集意見等推廣用途。若閣下不願意接收以上資訊，請在此加上 "√" 號。如日後欲查閱或更新個人資料，請致電 3143 7371 與籌募及傳訊部聯絡。

The Hong Kong Breast Cancer Foundation (HKBCF) shall comply with the Personal Data (Privacy) Ordinance in handling and keeping your personal data. HKBCF will not sell your personal data to any third party. The personal data you provide will be kept strictly confidential and will only be used for donation administration, and promotional purposes including future correspondences, corporate communications, activity promotion or conducting surveys. If you do not wish to receive these materials, please put a "√" here. If you wish to update your personal information in the future, please contact our Fundraising & Communications Department at 3143 7371.