



香港弱智人士家長聯會

The Hong Kong Joint Council of Parents of the Mentally Handicapped

捐款回條  
Donation Reply Slip

姓名： 聯絡電話： 電郵：  
Name: Telephone no.: E-mail:

地址：  
Address:

A. 一次性捐款 Single Donation

本人/我們現捐出港幣\$\_\_\_\_\_元正，以支持智障人士家庭。  
I am / We are pleased to donate HK\$\_\_\_\_\_ in support of families of persons with intellectual disabilities.

捐助形式 Methods of Payment

- 劃線支票編號 Cross Cheque No. : \_\_\_\_\_  
(抬頭請寫『香港弱智人士家長聯會』 Cross cheque made payable to “The Hong Kong Joint Council of Parents of the Mentally Handicapped”.)
- 存款 Bank Deposit  
(香港上海滙豐銀行戶口：004-469-5-002230，可到任何一間滙豐銀行分行進行轉賬或入數，收據寄回本會。  
Deposit/ transfer payment directly to HSBC Bank: 004-469-5-002230 and send your pay-in slip to us.)

- 需要收據 (捐款港幣\$100或以上，收據可作稅務減免用途)  不需要收據  
Please issue receipt. (Donation of HK\$100 or above is tax deductible) Do not issue receipt.

B. 月捐形式 Monthly Donation

- 本人/我們希望透過銀行定期捐款，以支持智障人士家庭。金額為每月港幣\$\_\_\_\_\_。  
I am / We are please to donate HK\$\_\_\_\_\_ every month by the direct debit authorization, in order to support the families of persons with intellectual disabilities.  
(請填寫後頁之直接付款授權書 Please refer to the Direct Debit Authorization at the back.)

捐款收據將於每年4月份郵寄予閣下作稅務減免用途。  
Receipt will be provided at every April for tax deduction.

香港弱智人士家長聯會將運用閣下的個人資料(包括閣下姓名、電話號碼、傳真號碼、電郵地址及通訊地址)，作通訊、處理報名、發行收據、呼籲慈善捐款、收集意見、活動推廣及義工招募之用途。本會循此途徑收集之個人資料，除作上述用途之外，將不會以任何形式出售、租借及轉讓予任何人士或組織。資料當事人亦可隨時要求查閱及更改資料。如閣下反對本會將閣下的個人資料作上述之用途，請致電 2778 8131 聯絡本會職員，或在以下拒收聲明加上“X”號。在未有收到閣下通知反對使用閣下的個人資料作上述的用途前，本會將假設閣下不反對本會繼續使用閣下的個人資料作上述之用。

Your personal data (including your name, telephone number, fax number, email address and correspondence address) will be used by The Hong Kong Joint Council of Parents of the Mentally Handicapped for the purpose of communications, handling application, issuing receipts, fundraising, feedback collecting, promotion of activities and volunteer recruitment for the Council. The personal data being collected via the present means, other than being utilized as the purposes above mentioned, will not be sold, traded or rented in any forms through any means to any other parties. The data subject has the right to access their data and make correction upon request. If you object your personal data being utilized for the above purposes, please contact our staff at 2778 8131 or mark “X” on the opt-out statement below. If the Council does not receive your objection for utilizing your personal data for the above purposes, the Council shall assume that you have no objection for utilizing your personal data for the above purposes.

- 本人不同意香港弱智人士家長聯會使用我的個人資料作上述用途  
(I object The Hong Kong Joint Council of Parents of the Mentally Handicapped to use my personal data for the purposes as stated above.)

辦事處：香港九龍石硤尾南山邨南安樓 21-24 號地下

Address: Unit No. 21-24, Ground Floor, Nam On House, Nam Shan Estate, Shek Kip Mei, Kowloon, Hong Kong.

電話 Telephone: (852) 2778 8131

網頁 Website: www.hkjcpmh.org.hk

傳真 Facsimile: (852) 2778 8939

電郵 E-mail: info@hkjcpmh.org.hk



## DIRECT DEBIT AUTHORIZATION 直接付款授權書

Name of party to be credited (the Beneficiary) 收款人(收益人)姓名	Bank code 銀行編號	Branch code 分行編號	Account No. to be credited 收據賬號之號碼
The Hong Kong Joint Council of Parents of The Mentally Handicapped 香港弱智人士家長聯會	0 0 4	4 6 9	5 - 0 0 2 2 3 0

- I/We hereby authorise my/our below-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 from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below.
- 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 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 and that it may cancel this authorization at any time on one week's written notice.
- If the Beneficiary shall inform your Bank any change of the account above mentioned into which the transfers are to be made, your Bank shall be entitled, at your Bank's discretion without consulting me/us either to accept or reject such change.
- A five days notice in writing from your Bank not to comply with or act further on this instruction (with a copy being sent to the Beneficiary) Provided Always That such notice shall deem to be received by me/us if posted to my/our address on your record, its subsequent returned undelivered notwithstanding.
- This direct debit authorization shall have effect until further notice or until further notice or until the expiry date written below (whichever shall first occur).
- 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 at least five working days prior to the date on which such cancellation/variation is to take effect.

- 本人(等)現授權本人(等)之下述銀行，根據受益人不時給予本人(等)銀行之指示，自本人(等)之賬戶內轉賬予上述受益人，惟每次轉賬金額不得超過以下指定之限額。
- 本人(等)同意本人(等)之銀行毋須證實該等轉賬通知是否交予本人(等)。
- 如因該等轉賬而令本人(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。
- 本人(等)同意如本人(等)之賬戶並無足夠款項支付該等授權轉賬，本人(等)之銀行有權不予轉賬，且銀行可收取慣常之收費，並可隨時以一星期書面通知取消本授權書。
- 若受益人通知貴行更改上述接收轉賬之賬戶，貴行有權根據 貴行的決定是否接受，而毋須諮詢本人(等)之意見。
- 貴行可以五天書面通知不再履行本指示(該通知副本應同時送受益人)。如該等通知郵寄到本人(等)在貴行記錄之地址，即使郵遞延誤或退回，本人(等)當作已收到。
- 本直接付款授權書將繼續生效直至另行通知為止或直至下列到期日為止(以兩者中最早的日期為準)。
- 本人/吾等同意，本人/吾等若取消或更改本授權書之任何通知，須於取消更改生效日最少五個工作日之前交予本人(等)之銀行。

My/Our Bank Name and Branch 本人(等)之銀行及分行名稱	Bank code 銀行編號	Branch code 分行編號	My/Our Account No. 本人(等)之賬戶號碼												
My/Our Name as recorded on Statement /Passbook 本人(等)在結單/存摺上所紀錄之名稱	My/Our Signature(s)** 本人(等)之簽名														
Limit/amount for each payment* 每次付款之金額/限額															
Debtor's Reference 債務人參考編號 (For Council Use Only 由本會填寫)	H	K	J	C	P	M	H	-							
Day time contact telephone No. 日間聯絡電話	Expiry Date *** 到期日						Date 日期								
	年 月 日						年 月 日								
For Bank Use Only 以下由銀行填寫															
Signature Verified 簽署核實	Remarks (if any) 其他備註														

### Notes 附註

\* If the amount of your payment are likely to vary each time, set the maximum limit for each payment you would expect to pay at any time.

\*\* Please ensure that you sign the form in the usual way that you would sign on your Bank Account.

\*\*\* This Direct Debit Authorization will be cancelled automatically on the date included in the box marked "Expiry Date". If you wish the Direct Debit Authorization to have effect indefinitely (or until cancelled by you) please leave box blank.

\* 如 台端付款之數額每次可能不相同，則請定每次付款之最高限額。

\*\* 請保證 貴戶在此授權書內之簽名，與銀行賬戶所簽者完全相同。

\*\*\*本直接付款授權書將於「到期日」一欄中所填寫的日期自動撤銷。如貴戶意欲直接付款授權書無限期有效(或直至貴戶予以撤銷為止)，則請將該欄留空。