



香港華仁書院-擴建計劃

Wah Yan College Hong Kong-School Development Project

捐款表格
Donation Form
(香港用 for Hong Kong use)

甲部 Part A (所有捐款人仕均須填寫 To be completed by all donors) :

本人 I, of
(姓名 Name in block letters) (地址 Address in block letters)

(聯絡電話號碼 Contact telephone no.)

謹此為 香港華仁書院-擴建計劃 作出捐助 詳情見以下乙部之選擇
hereby donate to the Wah Yan College Hong Kong-School Development Project
as per details indicated in Part B below:

簽名 Signature:

日期 Date: / /

乙部 Part B (請選擇捐款辦法及填寫細節 Please select donation method and complete the relevant details) : (日 DD / 月 MM / 年 YY)

1. 支票 一次過捐款 Cheque - One-off Donation 港幣 HK\$.....
發票銀行 Issuing bank:..... 支票號碼 Cheque No.....
(支票抬頭請寫「Wah Yan College, Hong Kong - SDP」, 寄回香港皇后大道東 281 號香港華仁書院譚兆炳校長收, 並請在信封上註明「SDP」字句。
Please make cheque payable to "Wah Yan College, Hong Kong - SDP" and send it to Mr. Tam Siu Ping, George, Principal, Wah Yan College, Hong Kong, 281 Queen's Road East, Hong Kong, indicating "SDP" on the envelope)

2. 信用卡 一次過捐款 Credit Card - One-off Donation 港幣 HK\$.....

3. 信用卡 按月捐款 Credit Card - Monthly Donation
 港幣 HK\$100 港幣 HK\$500 港幣 HK\$1000 其他 My choice 港幣 HK\$.....

信用卡資料 Credit Card Information : (適合選擇 2 或 3 者用 For donors who have selected 2 or 3)

信用卡號碼 Credit Card No: VISA: 到期日 Expiry Date: / (月 MM / 年 YY)

MasterCard: 到期日 Expiry Date: / (月 MM / 年 YY)

每月捐款將在信用卡到期日後自動延續, 直至閣下另行通知為止。信用卡捐款將在收到此表格後約 10 個工作天生效, 並會在每月第三個工作天左右過數。
Upon expiry and renewal of a credit card, monthly donations will continue unless notified otherwise. Donations will be effective after 10 working days upon receipt of this form. Transactions will normally be processed around the third working day of every month.

4. 直接付款 按月捐款 Direct Debit - Monthly Donation
 港幣 HK\$100 港幣 HK\$500 港幣 HK\$1000 其他 My choice 港幣 HK\$.....

直接付款授權書 Direct Debit Authorization Form : (適合選擇 4 者用 For donors who have selected 4)

收款機構(受益人) Name of party to be credited (The Beneficiary) Wah Yan College, Hong Kong - SDP	銀行賬號 Bank Account Number: 020-601-120-3059-6
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請寄回表格正本, 任何塗改請簽名以示確認。為方便電腦處理, 以下資料請以英文正楷填寫。
Only originals are accepted. Any alteration requires signature. PLEASE PRINT IN BLOCK LETTERS.

本人(等)之銀行及分行名稱 My / Our Bank Name and Branch		銀行編號 Bank No.	分行編號 Branch No.	本人(等)賬戶號碼 My/Our Account No.
本人(等)戶名 My/Our Account Name		本人(等)地址 My/Our Address		
每次/月*付款額 Limit for each* Payment/Month	到期日(請參閱下列各點) Expiry Date (See Notes Below) D D M M Y Y	本人(等)簽名 My/Our Signature(s)		日期 Date
債務人姓名(若非賬戶持有人) Name of Debtor (if other than account holder)				確認簽名 Signature Verified
債務人參考(請勿填寫欄) Debtor's Reference (Please do not fill in this box.)		以下由銀行填寫 For Bank Use Only		

*請刪去不適用者 Delete whichever is not appropriate.

附註 Notes:

- 如 台端付款之數額每次可能不相同, 則請將最高者定為每次付款之最高限額。
If the amount of your payments is likely to vary each time, set the limit for each payment at the maximum amount you would expect to pay at any one time.
- 本直接付款授權書將於「到期日」一欄中所填寫之日期自動撤銷。如 貴戶意欲本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。
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.
- 請確認 貴戶在此授權書內之簽名, 與銀行賬戶所簽者完全相同。
Please ensure that you sign the form in the usual way that you would sign on your Bank Account.

所收集的個人資料將保密處理, 作為寄發收據及與你通訊的用途。All personal data collected will be treated as strictly confidential and will be used only for issuing receipts and communicating with you.

本人(等)現授權本人(等)之左述銀行, (根據受益人時給予本人(等)銀行之指示)自本人(等)之賬戶內轉賬予受益人。惟每次之轉賬金額不得超過所指定之限額。
I/We hereby authorize my/our Bank named on the left to effect transfers from my/our account to that 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 on the left.

本人(等)同意本人(等)之銀行毋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.

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)願共同及各別承擔全部責任。
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。
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.

本授權書將繼續生效直至另行通知為止或直至左列到期日為止 (以兩者中最早之日期為準)。
This authorization shall have effect until further notice or until the expiry date written on the left (whichever shall first occur).

本人(等)同意, 本人(等)取消或更改本授權書之任何通知, 須於取消/更改生效日最少兩個工作天之前交予本人(等)銀行。
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 two working days prior to the date on which such cancellation/variation is to take effect.