

本人願意捐款支持高銀慈善基金 I would like to make a donation in support of Charles K. Kao Foundation for Alzheimer's Disease

請於適當方格內加上√號 Please mark √ in the appropriate box

捐款金額 Donation Amount (□單次捐款 One-time Donation □每月捐款 Monthly Donation)

HK\$3,000  HK\$1,000  HK\$500  HK\$200  其他金額 Other Amount HK\$ \_\_\_\_\_

捐款收據 Donation receipt (捐款滿 HK\$100 者，可獲發免稅收據 Tax deductible receipt will be issued for donation of HK\$100 or above)

需要 Yes  不需要 No

捐款人資料 Donor's Information	
先生 Mr / 女士 Ms / 太太 Mrs / 小姐 Miss (請刪去不適用者 Delete whichever is not appropriate)	中文姓名 Chinese Name
英文姓氏 Surname	英文名字 First Name
通訊地址 Correspondence Address	
聯絡電話 Contact Telephone Number	電郵 Email

捐款方法 Donation Method	
<input type="checkbox"/> 轉數快(快速支付系統) FPS (Fast Payment System) 透過可以支援轉數快的手機應用程式或電子錢包，輸入基金會的轉數快識別碼捐款 Use mobile app or e-wallet which supports FPS and input our FPS ID to make a donation	 轉數快識別碼 FPS ID: 167856749
<input type="checkbox"/> 直接存款 Direct Transfer 將捐款直接存入基金會的銀行戶口 Transfer funds directly to our bank account	恒生銀行 Hang Seng Bank: 787-085703-001 (恒生銀行代碼 HSB Bank Code: 024)
<input type="checkbox"/> 支票 Cheque 郵寄劃線支票至基金會 Send a crossed cheque to our Foundation	祈付「高銀慈善基金有限公司」 Payable to "Charles K. Kao Foundation for Alzheimer's Disease Limited"

每月捐款 Monthly Donation  
 填妥以下銀行直接付款授權書，郵寄正本至基金會 Fill in the Direct Debit Authorisation Form below and send the original to our Foundation  
 (為節省行政開支，每月捐款者的收據將為年度收據 To save administration cost, the donation receipt for monthly donor will be issued annually)

請把付款收據、支票、交易截圖連同捐款表格以電郵或郵寄方式交回基金會 Please send the pay-in slip, cheque, screen capture together with the donation form to our Foundation by email or by post  
 電郵 Email: [info@charleskaofoundation.org](mailto:info@charleskaofoundation.org)  
 地址 Address: 香港灣仔皇后大道東8號15樓1507室 Room 1507, 15/F, 8 Queen's Road East, Wan Chai, Hong Kong

直接付款授權書 Direct Debit Authorisation Form (只適用於每月捐款 For Monthly Donation only)

收款之一方名稱 (收款人) Name of party to be credited (The Beneficiary) <b>Charles K. Kao Foundation for Alzheimer's Disease Limited</b>	銀行編號 Bank No. <b>0 2 4 7 8 7 0 8 5 7 0 3 0 0 1</b>	分行編號 Branch No.	賬戶編號 Account No.				
本人(等)現授權下述之銀行(「該銀行」)，根據收款人不時給予該銀行之指示，自本人(等)下述戶口轉賬予收款人，但每次轉賬金額不得超過以下指定之限額。本人(等)同意該銀行毋須證實該等轉賬是否已通知本人(等)，如因該等轉賬而令本人(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(等)確證在本授權書內之簽名，與本人(等)下述戶口於該銀行簽署紀錄完全相同。本人(等)同意如下述戶口並無足夠款項支付有關轉賬，該銀行有權不予辦理且可收取有關之手續費用，該等費用一概由本人(等)支付。本人(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兩個工作天之前交予該銀行。本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(以兩者中最早之日期為準)。							
I/We hereby authorise my/our below-named bank (the "Bank") to effect transfer from my/our below-mentioned account to the above-named Beneficiary in accordance with such instructions as the 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 the 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 confirm that my/our signature(s) on this authorisation is/are the same as filed with the Bank for the operation of my/our below-mentioned account to be debited for the transfer. I/We agree that should there be insufficient funds in my/our below-mentioned account to meet any transfer hereby authorised, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me/us. I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to the Bank shall be given at least two working days prior to the date on which such cancellation or variation is to take effect. This authorisation shall have effect until further notice or until the below given expiry date (which shall first occur).							
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)之賬戶號碼 My/Our Account No.				
本人(等)在結單/存摺上所紀錄之名稱 My/Our Name as recorded on Statement/Passbook	本人(等)在結單/存摺上所紀錄之地址 My/Our Address as recorded on Statement/Passbook						
每*次/月付款之限額 Limit for each *Payment/Month 港幣(請參閱附註 1) HK\$ (See Note 1)	到期日(請參閱附註 2) Expiry Date (See Note 2)		本人(等)之簽名 My/Our Signature(s)				
	D	D	M	M	Y	Y	日期 Date
付款人之姓名(若非賬戶持有人) Name of Debtor (if other than account holder)	支賬參考(由本基金填寫) Debtor's Reference (for official use only)						
以下由銀行填寫 For Bank Use Only							Signature(s) Verified

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

附註 NOTES:

1) 如付款之金額每次可能不相同，則請將最高者定為每次付款之最高限額。2) 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，如欲使本直接付款授權書無限期有效(或直至予以撤銷為止)，則請將該欄留空，但該銀行將不受此限，並可將超過兩年未有任何過賬紀錄之直接付款授權書宣告失效，及可刪除該授權紀錄而毋須另行通知。(英文文本與中文譯本文本如有歧異，概以英文文本為準。)  
 1) 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. 2) This Direct Debit Authorisation will be cancelled automatically on the date included in the box marked "Expiry Date". If you wish the Direct Debit Authorisation to have effect indefinitely (or until cancelled by you), please leave box blank. 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. (In case of discrepancies between the English text and Chinese translation text, the English text shall prevail in all respects and interpretations.)

□高銀慈善基金會將用上列資料與閣下保持聯絡，定期介紹基金會的活動。如閣下不願收到基金會的活動資料，請於方格內加上√號

Data collected will be used to keep you updated on Charles K. Kao Foundation for Alzheimer's Disease's activities. If you do not wish to receive information on the Foundation's activities, please mark √ in the box.