

請填妥以下表格並郵寄正本予本會
(Please fill in the below Form & return the original form to the Union by mail)

我的支持 My Support

本人樂意

成為「協進之友」，每月定期捐款支持香港失明人協進會，協助視障人融入社會，獨立自主。
I would like to become a monthly donor to support the work of HKBU.

捐款金額

donation amount

HK\$1,000 HK\$500 HK\$300 HK\$100 Other \$ _____

捐款為港幣 100 元或以上者，本會將寄回免稅收據

Our Union will send the receipt to those who donate HK\$100 or above for tax deduction.

捐款方法 Donation Method

信用卡捐款 Credit Card AE Master Visa

持卡人姓名 Holder's Name: _____ 持卡人簽署 Signature: _____

信用卡號碼 Card Number: _____ - _____ - _____ - _____ 有效日期 Expiry Date: _____

自動轉賬 (請填妥以下《直接付款授權書》) Autopay (Please fill in the below Direct Debit Authorization Form)

捐款者資料 Donor's Information

姓名 (先生/女士) Name (Mr./Ms./Miss)

日間聯絡電話 Day Time Tel.

傳真號碼 Fax No.

地址 Address

電郵地址 Email Address

填表日期 Date

個人資料收集聲明 Personal Information Collection Statement

香港失明人協進會盡力遵守《個人資料(私隱)條例》中所列載的規定，確保儲存的個人資料準確無誤，及有妥善的儲存方法，並依照在收集資料時所說明的目的使用該等資料。本會將運用閣下的個人資料(包括姓名、電話號碼、手機號碼、傳真號碼、電郵地址及通訊地址)作為開立收據、通訊、籌募捐款、活動推廣、義工招募及收集意見之用途。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。倘若您不同意本會使用您的個人資料作上述用途，或日後查閱及更新資料，請致電 2339 0666 與本會職員聯絡。

Hong Kong Blind Union undertakes to comply with the requirements of the Personal Data (Privacy) Ordinance to ensure that personal data kept are accurate, securely stored and used only for purposes for which they have been collected. Our Union intends to use your personal data (namely telephone number, fax number, email and mailing addresses) for the purposes of sending donation recipients, providing you with information of Hong Kong Blind Union, fundraising appeal, activities invitation, volunteer recruitment and conducting opinion survey. The personal data collected, other than being utilized for the purposes above mentioned, will not be sold, traded or rented in any forms through any other parties. If you object our Union to use your personal data for these purposes, or want to enquire about or update your personal data, you may contact our staff at 2339 0666.

直接付款授權書 Direct Debit Authorization

Name of party credit (The Beneficiary) 收款之一方 (受益人) 香港失明人協進會 HONG KONG BLIND UNION		Bank No 銀行編號 0 0 4	Branch No 分行編號 5 1 1	Account No to be credited 收款賬戶之號碼 5 2 9 2 9 9 0 0 1
My/Our Name (s) as recorded on Statement / Passbook 本人 (等) 在月結單/存摺上所紀錄的名稱		Bank No 銀行編號	Branch No 分行編號	My /Our Account No 本人/吾等之賬戶號碼
Bank Name 銀行名稱	Monthly Amount 每月捐款額	Sign your name as recorded on statement / passbook 在結單/存摺上所紀錄之簽名		
Contact No 聯絡電話	Date 填表日期			
For the Union use only (Donor's reference) 由本會填寫 (捐款者檔案編號)		For bank use only 由銀行填寫		

本人/吾等現授權本人/吾等之上述銀行，根據香港失明人協進會不時給予本人/吾等銀行之指示，自本人/吾等之賬戶轉賬至香港失明人協進會之帳戶，直至另行通知為止，而任何一次之轉賬款項必須相等於以上所列金額。如因該等轉賬而令本人/吾等戶口出現透支或使現時之透支增加，本人/吾等共同及個別承擔全部責任。本人/吾等確認本人/吾等在此申請表內之簽名，與本人/吾等轉賬用之儲蓄/往來賬戶之簽名相同。本人/吾等同意通知香港失明人協進會有關更改銀行賬戶或取消轉賬付款方式，並同意如本人/吾等之賬戶並無足夠款項支付該等授權轉賬，本人/吾等之銀行有權酌情決定不予轉賬，並可徵取慣常之收費，由本人/吾等支付。本人/吾等同意，本人/吾等取消或更改本授權書之任何通知，須最少於取消/更改生效日之前兩個工作天交予本人/吾等之銀行，並同時給予香港失明人協進會有關通知。

Until further notice I/We hereby authorize my/your above-named Bank to effect transfer from my/our account to that of Hong Kong Blind Union in accordance with such instructions as my/our Bank may receive from Hong Kong Blind Union from time to time provided always that the amount of any one such transfer should be exactly the amount indicated above. I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer(s) 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 confirm that my/our signature(s) on this application form is/are the same as that/those for the operation of my/our Savings/Current Account to be debited for the transfer. I/We agree to notify Hong Kong Blind Union of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our Bank account to meet any transfer hereby authorized, 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 authorization which I/We may give to my/our Bank shall be given at least two working dates prior to the date on which such cancellation/variation is to take effect and at the same such notice shall given to Hong Kong Blind Union.