

我願意成為樂施之友，每月捐款：

I want to be an Oxfam Partner and donate monthly:



樂施會
OXFAM

無窮世界
World
Without
Poverty

捐款者資料 Donor's Information: (請盡量以英文正楷填寫 IN BLOCK LETTERS)

英文姓名 Name : _____ 中文姓名 Chinese name : _____
姓 Surname 名 First Name

性別 Sex : _____ 出生年份 Year of Birth : _____ 行業 Occupation : _____

身份證號碼 ID Card No. : _____ 電郵 E-mail : _____
(為免捐款者記錄重覆，煩請填寫。To avoid donor record duplication only.)

聯絡電話 Tel. : (日間 Day) _____ (晚間 Evening) _____

地址 Address : _____

通訊語言 Language : 中文 Chinese 英文 English

收據姓名(如與上述不同) Name on Receipt (if different from above) : _____

您所提供的資料將保密處理，只會被樂施會及受其委託的服務提供者用作捐款處理、寄發收據及有關捐款通訊用途。為了與您緊密聯繫，向您匯報樂施會的扶貧、倡議及發展教育工作，以及籌募和活動資訊，樂施會及受其委託的服務提供者將會透過您提供的聯絡方法(包括姓名、電話、電郵及郵寄地址)，為您提供通訊、籌募、義工招募及相關資訊，以及用作收集意見之用途。若您不願意收到上述資訊及資料，請在方格上加上剔號。□

The personal data collected will be treated as strictly confidential and will be used by Oxfam and its service providers for the purposes of donation administration, receipt issuance and related communications. To connect closely with you and to keep you informed of Oxfam's work against poverty as well as advocacy, development and fundraising progress, Oxfam Hong Kong and its service providers may use your contact information (name, telephone, email and address) for the purpose of communications, fundraising, volunteer recruitment and survey administration. If you would not like to receive such materials or communications, please tick the box. □

請選擇一個或多個捐款項目及其捐款額 Please choose type(s) of project & donation amount:

全球項目 Global projects (21IT2001) MOP _____

中國項目 China projects (21IT2002) MOP _____

教育項目 Education projects (21IT2003) MOP _____

非洲項目 Africa projects (21IT2004) MOP _____

小農項目 Smallholder farmers projects (21IT2005) MOP _____

謝謝您!

Thank you!

➔ 每月捐款總額(澳門幣) Monthly Donation Amount MOP _____

澳門宋玉生廣場 258 號建興龍廣場 18 樓 F 室

Alameda Dr. Carlos d'Assumpção, No.258, Praça Kin Heng Long, 18 Andar F, Macau

電話 Tel : (853) 2875 7750 傳真 Fax : (853) 2875 7667

澳門捐款者熱線 Macau Toll Free Hotline : 0800809

香港北角馬寶道 28 號華匯中心 17 樓

Oxfam Hong Kong, 17/F China United Centre, 28 Marble Road, North Point, Hong Kong

電話 Tel : (852) 3120 5000 傳真 Fax : (852) 2590 6880

電郵 Email : ds@oxfam.org.hk 網址 Website : www.oxfam.org.hk

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捐款方法 Donated by: 請選擇 信用卡 Credit Card 或 or 自動轉賬 Autopay

信用卡 Credit Card (請傳真至 Please fax to 852-2590 6880 或 Whatsapp 至 to 852-6685 0500)

VISA MASTER UnionPay

信用卡號碼 Card No. : _____

信用卡有效期至 Card expiry date : _____ 月 mth / _____ 年 yr

信用卡持卡人姓名 Cardholder's name : _____

每月捐款總額(澳門幣) Monthly donation amount : MOP _____

持卡人簽名 Cardholder's signature : _____

(信用卡每月捐款將在收到此表格後約 10 個工作天生效，並會在每月 15 號左右過數。每月捐款於該信用卡到期再續後將繼續自動過數，直至閣下另行通知。Monthly donation payment will become effective 10 working days after receipt of this form. Thereafter, transactions will normally be processed around the 15th of every month. Monthly donation via credit card will continue upon renewal as it expires unless notified otherwise.)



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自動轉賬表格 (只限中國銀行澳門分行戶口持有人)
Autopay Authorization Form (For Bank Account holder of Bank of China Macau Branch)

(請郵寄正本回樂施會 Please send back the original to Oxfam)

港幣捐款會兌換為澳門幣計算。All donations in HKD are converted to MOP.

致：中國銀行 澳門分行 本人(等)/本公司茲授權中國銀行澳門分行(以下簡稱貴銀行)以下事項 (以“√”選擇所需項目)： 本人(等)/本公司於 貴銀行開立之賬戶(賬戶號碼附註如下)內支取款項，繳付下述機構的捐款，直至另行通知為止。 <input type="checkbox"/> 申請代付款； <input type="checkbox"/> 修改代付款； 本人(等)/本公司知悉及遵守下述條款辦理： 1. 貴銀行接到機構的付款通知即可支付，款項按機構所提供之金額扣除。 2. 如該賬款未能自本人(等)/本公司之銀行賬戶內支付，一切責任及後果，概與 貴銀行無涉。 3. 如有任何令授權書失效之變更，本人(等)/本公司/樂施會必須書面通知 貴銀行。貴銀行在收到書面通知前，本授權書繼續有效。但如本人(等)/本公司之銀行賬戶連續三次因賬戶可用餘額不足而未能支付賬款，則貴銀行可有權不經通知而撤銷此項授權。 4. 貴銀行有權徵收服務費用，並可由本人(等)/本公司之銀行賬內支付。 5. 銀行認為必要和適當時，不必通知或取得本人(等)/本公司同意有權將有關的賬戶資料披露給其他機構。 6. 本人(等)/本公司授權 貴銀行可根據自動扣賬當天貴銀行所指定的匯率將轉賬款項兌換成受益人指定之收款貨幣。 7. 本人(等)/本公司同意如由於本授權書並非直接交予貴銀行以致本授權書所載之資料披露予第三者知悉，由此引起之任何法律或其他經濟責任由本人(等)/本公司承擔概與 貴銀行無涉。		To: BANK OF CHINA MACAU BRANCH I/We hereby authorize Bank of China Macau Branch (hereinafter referred to as “the Bank”) to act as per instruction(s) (marked with “√”) below: To effect transfers from my/our account specified below to the account of the institution (hereinafter referred to as “the Beneficiary”), details of which specified below. This authorization shall remain valid until further notice. <input type="checkbox"/> Application for debit authorization <input type="checkbox"/> Amendment of debit authorization I/We further agree that: 1. The Bank may effect transfers from my/our said account such sum or sums as advised by the Beneficiary at any time with immediate effect. 2. Under no circumstances shall the Bank be held responsible for any consequence(s) as a result of unsuccessful transfer of fund(s) from my/our said account. 3. Any variation or cancellation of this authorization has to be given by notice in writing. This authorization shall remain valid unless such notice is given to and received by the Bank. For 3 consecutive times, transfers are not effected due to no sufficient available fund in my/our said account, the Bank may as its own discretion not to comply with or act further with this authorization without notice to me/us. 4. Service charge of the Bank will be debited from my/our said account. 5. The Bank may disclose details of my/our said account to any other third party if the Bank finds it necessary and appropriate. 6. The Bank shall be entitled to convert the sum or sums to be transferred into the currency accepted by the Beneficiary at a rate determined by the Bank. 7. If this “Debit Authorization Form” is not directly sent to the Bank, I/We agree to take all the legal or/and economical responsibilities caused by disclosing the details of the said form to any other third party. Under no circumstances your bank shall be responsible.	
收款機構名稱(受益人)：Name of party to be credited (The Beneficiary): 澳門樂施會 Oxfam in Macau 18-01-01-20-8409511			
本人(等)/本公司之銀行戶口姓名 My / our Account Name:		本人(等)/本公司銀行戶口之簽署: My / our signature (s) as recorded at your bank:	
本人(等)/本公司之銀行戶口號碼 My / our Account No.:		<input type="checkbox"/> 港幣 HKD <input type="checkbox"/> 澳門幣 MOP	

此欄由樂施會及銀行填寫 For Official Use Only

由銀行填寫 For Bank use

樂施會檔案編號 (合同號碼) Debtor's reference:			
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