

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 (只限大豐銀行戶口持有人)
Autopay Authorization Form (For Bank Account holder of Tai Fung Bank)

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

申請代付款 Application for debit authorization

修改代付款 Amendment of debit authorization

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

致：大豐銀行 直至另行通知為止，本人/吾等授權大豐銀行(以下簡稱「銀行」)，在本人/吾等於 貴銀行開立之帳戶支付按以下所述機構(以下簡稱「受益人」)提供的捐款金額。儘管此舉可能引致本人/吾等帳戶出現透支或增加透支。如本人/吾等帳戶並無足夠存款，銀行有權不予支付該等款項，亦無義務通知本人/吾等。再者如本人/吾等之帳戶連續三次因帳戶可用餘額不足而未能支付帳戶或連續一年未有發生有關之轉帳交易，則 貴銀行可有權不經通知而撤銷執行此項授權之指令。 貴 銀行徵收之服務費用，可由本人/吾等的帳戶內支付。本人/吾等可隨時向受益人查詢帳單。	To: TAI FUNG BANK Ltd. Until further notice I/We hereby authorize Tai Fung Bank Limited (hereinafter referred to as "the Bank") to effect transfers from my/our account specified below to the account of the institution (hereinafter referred to as "the Beneficiary"), the detail of which is specified below, such sum or sums as the Beneficiary may from time to time advise the Bank, notwithstanding that to do so may result in an overdraft or an increase of the overdraft on my/our account provided that the Bank will be entitled not to honour such payments should my/our account not contain the necessary funds and the Bank is under no obligation to notice me/us of such event. If transfers are unable to be effected owing to insufficient funds in my/our said account for three consecutive times or if there is no transfer being effected in my/our said account for a period of twelve months, the Bank may at its own discretion cease to comply with the instructions of this authorization without prior notice to me/us. Service charge of the Bank will be debited from my/our account. I/We understand that I/We may query the bill with the Beneficiary at any time.
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 201-1-10056-9 CO. ID. 21040103	
本人/吾等在銀行結單/存摺所紀錄之姓名 My / our Name as recorded on Bank Statement/Passbook:	捐款者姓名 Donor Name :
本人/吾等之銀行帳戶號碼 My / our Account Number: <input type="checkbox"/> 港幣 HKD <input type="checkbox"/> 澳門幣 MOP	本人/吾等之授權簽署 My / Our Authorized signature(s) :
聯絡電話 Phone no. :	申請日期 Applied Date :

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:	核對資料及印鑑 Verified	輸入資料 Entered	核對 Approved
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