过我的孩子願意加入樂施會助人自助的行動,成為小小樂施之友。

My child wants to be an Oxfam Kid and donate monthly.

(19IT2006)



無窮世界 World Without Poverty

捐款者個人資料 Donor's Personal Information (請盡量以英文正楷填寫 IN BLOCK LETTERS)

英文姓名: 姓 Surname 名 First name			中文	中文姓名 Chinese name: _			性別 Sex:		
身份証號碼 ID Card No.: 出生 (為免捐款者記錄重覆 · 煩請填寫 · To avoid donor record duplication only.)									
地址 Address:									
聯絡	電話 Tel.:(日間 Day)	ening)	g)						
電郵 E-mail : 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):									
捐款	欠方法 Donated by:	請選擇[☑ 信用卡	Credit Card	或 or	☑ 自動轉賬 Au	itopay		
每月捐款額(澳門幣) Monthly Donation Amount MOP									
	信用卡 Credit Card 🛭	月卡 Credit Card □ VISA □ MASTER □ UnionPay (請傳真至 Please fax to 853-28757667)							
	信用卡號碼 Card No.:							nth / 年 yr	
持卡人姓名 Cardholder's name:							:		
(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 10 至 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 10 th – 15 th of every month. Monthly donation via credit card will continue upon renewal as it expires unless notified otherwise.)									
	┛ 自動轉賬表格 (只限大豐銀行戶口持有人) (請郵寄正本至澳門樂施會 Please send back the original to Macau Office)								
Autopay Authorization Form (For Bank Account holder of Tai Fung Bank)									
□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			To: TAI FUNG	To: TAI FUNG BANK Ltd.				
	直至另行通知為止,本人/吾等授在本人/吾等於 貴銀行開立之帳「受益人」)提供的捐款金額,據 可受益人」)提供的捐款金額,據 专或增加透支。如本人/吾等帳戶並 等款項,亦無義務通知本人/吾等,帳戶可用餘額不足而未能支付帳戶 易,則 貴銀行可有權不經通知而打 貴銀行徵收之服務費用,可由本人	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.							
-	時向受益人查詢帳單。								
	र款機構名稱(受益人):Name of party to be credited (The Beneficiary): 契門樂施會 Oxfam in Macau 201-1-10056-9								
		0. ID. 21040103							
_	本人/吾等在銀行結單/存摺所紀錄 Statement/Passbook:	led on Bank	捐款者姓名 Donor Name:						
	本人/吾等之銀行帳戶號碼 My / o	I港幣 HKD I澳門幣 MOP	本人/吾等之授權簽署 My / Our Authorized signature(s)						
	終電話 Phone no.:				申請日期 Applied Date				
_	比欄由樂施會及銀行填寫 For Official Use Only			由銀行填寫 For B	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 Verifed		輸入資料 Entered		核對 Approved	

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 澳門免費查詢熱線 Macau Toll Free Hotline: 0800809 電話 Tel: (853) 2875 7750 傳真 Fax: (853) 2875 7667

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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