



信用咭捐款授權書 (每月捐款計劃) (Credit Card Monthly Donation Direct Debit Authorization)

捐款人資料 Donor's Information	
捐款人姓名 Name of Donor: <u>(Mr / Ms)</u>	
地址 Address: _____	
電話 Tel: _____	傳真 Fax: _____
電郵 Email: _____	日期 Date: _____

信用咭每月捐款授權書 Credit Card Monthly Donation Direct Debit Authorization Form	
<input type="checkbox"/> Visa <input type="checkbox"/> 萬事達 MasterCard	
信用咭持有人的名稱 Name of Cardholder: _____	
信用咭號碼 Credit Card Number : _____ - _____ - _____ - _____	
信用咭有效至 Valid Until: _____ 月 Month / _____ 年 Year	
每月捐款金額 Monthly Donation Amount <input type="checkbox"/> 港幣 HK\$ 50 <input type="checkbox"/> 港幣 HK\$ 100 <input type="checkbox"/> 其他 Others HK\$ _____	信用咭持有人簽署 Signature of Cardholder 簽名必需與閣下之信用卡簽名完全相同 Please sign your name as recorded on your Credit Card Account

請填妥捐款表格後，郵寄至香港九龍石硤尾南山邨南泰樓地下 1-12 號『護苗基金』收 或
傳真至 **2889-9923**。謝謝。

Please return this form to ECSAF by mail (Address: Unit 1-12, G/F, Nam Tai House, Nam Shan Estate, Shek Kip Mei, Kowloon, Hong Kong) **OR** by Fax: **2889-9923**. Thank you.

本會將按月從以上信用咭戶口收取捐款，直至捐助者另行通知。收據將於每年四月份寄出。

Donation will be debited automatically from your credit card account monthly until your further notification. Receipt will be sent in April of each year.

『護苗基金』感謝您的支持! Thank you so much for your support!

查詢電話: 2889-9922 網址: www.ecsaf.org.hk

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