

護苗基金捐款表格 (單次) Donation Form (ONE-OFF Donation)

本人/機構 樂意捐款支持護苗基金 I/We want to support the "End Child Sexual Abuse Foundation" by making a donation.

| 捐款人資料 Donor's Information | | |
|---|---|--|
| 捐款人姓名 Name of Donor: | | |
| 收據抬頭 (如與捐款人不同) Name on Receip | ot (If different from donor's name): | |
| 地址 Address: | | |
| 電話 Tel: | 傳真 Fax : _ | |
| 電郵 Email: | 日期 Date: _ | |
| 捐款方法 Donation Methods | | |
| □ 現金 Cash 請將捐款直接存入「護苗基金」香港匯豐鉅 Direct deposit to "ECSAF" HSBC Account No.: 00 (如需收據,請連同入數紙郵寄至本會 If rec | 2-1-398979 | |
| ☑ 支票 Cheque 支票號碼 Chec 劃線支票抬頭請填「護苗基金」,並將支頭 Please make a crossed cheque payable to "ECSA | 票郵寄 全本曾 | |
| ☑ 信用咭 Credit Card 請填妥以下資料,並郵寄至本會 Please fill in | n the following information an | d send this form to us. |
| 信用咭捐款授權書 Credit Card Donatio | n Direct Debit Authorisat | ion Form |
| □ VISA □ 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 |
| 捐款金額 Donation Amount: | 信用咭持有人簽署 Signat | ture of Cardholder |
| □ 港幣 HK\$ 100 | | |
| □ 港幣 HK\$ 300 | 簽名必需與閣下之信用卡簽 | 名完全相同 |
| □ 其他 Others 港幣 HK\$ | 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 return this form to ECSAF by Mail (Address: Unit Kong) OR by Fax: 2889-9923. 查詢電話 Tel: 2 | 1-12, G/F, Nam Tai House, N | lam Shan Estate, Shek Kip Mei, Kowloon, Hong |
| 捐款港幣 100 元或以上可憑收據申請扣稅 Don □ 需要收據 Receipt required □ 不需剪願意成為「護苗先鋒」,參與每月捐款計劃。、 □ 請寄上轉賬授權書供本人填寫。Please send in | 要收據 Receipt not required Join the Monthly Donation Progr | • |

(護苗基金為擔保有限公司及慈善團體)