

奉獻者資料 Donor's Information

(請以英文正楷填寫 BLOCK LETTERS)

中文姓名 Chinese Name _____ 英文姓名 English Name _____

(名字請與報稅資料相符 Please use the same name as in your tax information)

性別 Sex 男 Male 女 Female 所屬教會 Church _____

地址 Address _____

日間聯絡電話 Daytime Contact _____ 電郵 E-mail _____

我透過以下途徑認識施達 I know CEDAR through > 教會分享 church 基督教媒體 Christian media

朋友介紹 friends 施達刊物 CEDAR's publication 施達網上平台 CEDAR's e-platform

施達活動 CEDAR's activity: _____

我希望邀請施達同工到教會、團契、學校分享，請與我聯絡

I would like to invite CEDAR staff to share in my church, fellowship or school, please contact me

本人願意收閱施達資訊 I want to receive CEDAR's information.

本人不願收閱施達資訊 I do not want to receive any CEDAR's information.

奉獻方法 Donation Method

我願意獻上 I would like to make

一次過捐款 a one-off GIFT 港幣 HK\$ _____

每月定額奉獻 a monthly GIFT 港幣 HK\$ _____

(每月定額奉獻請考慮以信用卡或自動轉賬方式 Monthly donations may be preferably made by credit card OR autopay)

支持 To support

按施達事工需要 according to the need of CEDAR's ministry

指定項目 particular project(s) > 教育 Education 扶貧發展 Development and poverty alleviation

信義 Advocacy 救援重建 Relief and rehabilitation

特定項目 specific project(s) _____

奉獻方式 Donation method

自動轉賬：請填寫右面的「定額奉獻銀行自動轉賬授權書」

Autopay, enclosing my 'Autopay Authorisation Form' herewith on the right

劃線支票以「施達基金會」抬頭（支票號碼 Cheque no. _____）

Crossed cheque payable to CEDAR FUND

直接存入戶口，並寄回銀行存款單（匯豐銀行 HSBC 600-385678-001）

Direct deposit with Pay-in slip herewith

信用卡 VISA / MASTER Card

信用卡號碼

Card Number _____ 有效期至 Exp. Date _____ / _____ (MM/YY)

持卡人姓名


Cardholder's Name _____ 簽名 Signature _____

(簽名須與信用卡背面簽名相符 Must be the same signature on the back of the card)

• 奉獻港幣 100 元以上可憑本會收據申請認可慈善捐款稅項扣減 Donations of HKD100 or above are tax-deductible in HK with our receipts.

• 若使用自動轉賬或信用卡每月定額捐款，本會將按月從以上戶口收取捐款，直至捐助者另行通知 If payment by autopay or credit card, donation will be debited automatically from your autopay or credit card account monthly until your further notification.

• 定期以自動轉賬或信用卡捐款者的年度奉獻收據，將於每年四月寄奉 For regular donation by autopay or credit card, an annual receipt will be issued in April.

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|---|---|----------------------|
|  CEDAR FUND 施達基金會 | G.P.O. BOX 3212 HONG KONG 香港郵政總局信箱 3212 號 Tel 2381 9627 Fax 2392 2777 | |
| 定額奉獻銀行自動轉賬授權書 (請郵寄正本) Autopay Authorisation Form (Please send back the original) | Date 日期 | DD 日 / MM 月 / YYYY 年 |

| | | | |
|--|--------------------------------|----------------------------------|--|
| Name of Party to be Credited (The Beneficiary) 收款人 (受益人) CEDAR FUND 施達基金會 | Bank No. 銀行編號 004 | Branch No. 分行編號 600 | Account No. 收款賬戶之號碼 385678001 |
|--|--------------------------------|----------------------------------|--|

- I/We hereby authorize my/our below named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary and/or its banker from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below.
本人/吾等現授權本人/吾等之下述銀行，(根據受益人或其往來銀行不時給予本人/吾等銀行之指示)自本人/吾等之賬戶內轉賬予上述受益人。惟每次轉賬金額不得超過以下指定之限額。
- I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.
本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。
- I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).
如因該等轉賬而令本人/吾等之賬戶出現透支(或令現時之透支增加)，本人/吾等願意共同及各別承擔全部責任。
- I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorisation at any time on one week's written notice.
本人/吾等同意如本人/吾等之賬戶並無足夠款項支付該等授權轉賬，本人/吾等之銀行有權不予轉賬，且銀行可收取慣常之收費，並可隨時以一星期書面通知取消此授權書。
- This authorisation shall have effect until further notice or until the expiry date written below (whichever shall first occur).
此授權書將繼續生效直至另行通知或至下列到期日為止(以兩者中最早之日期為準)。
- I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.
本人/吾等同意，本人/吾等取消或更改此授權書之任何通知，須於取消/更改生效日最少兩個工作天之前交予本人/吾等之銀行。

(Please write in Block Letters 請用正楷填寫)

| | | | |
|---|---|--|----------------------------------|
| My/Our Bank Name and Branch 本人/吾等之銀行及分行名稱 | Bank No. 銀行編號 | Branch No. 分行編號 | My/Our Account No. 本人/吾等之賬戶號碼 |
| My/Our Name(s) as recorded on Statement/Passbook 本人/吾等在結單/存摺上記錄的 名稱 | Contact Tel. No. 聯絡電話號碼 | | |
| *Limit for each *Payment/Month *每次/月付款限額 | Expiry Date (see notes*) 到期日 (請參閱附註*) D D M M Y Y Y Y | My/Our Address as record on Statement/Passbook 本人/吾等在結單/存摺上所記錄的地址 | |
| Name of Debtor (if other than account holder) 債務人姓名 (若非賬戶持有人) | *My/Our Signature(s) 本人/吾等之簽署 | | |
| *Donor's/Debtor's Reference (債務人參考 (由本會填寫)) | | | |

此欄由銀行填寫 For Official Use Only

| | | |
|-------------------|------------|--------------------|
| For Bank Use 銀行專用 | Remarks 備註 | Signature verified |
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* Notes 附註：

- If the amount of your payments are likely to vary each time, set the Limit for Each Payment at the maximum amount you would expect to pay at any one time.
如台端付款的數額每次可能不相同，則請將最高者定為每次付款的最高限額。
- If "Limit for Each Payment/Month" is not specified, the debtor's bank will set the limit as "unlimited".
如「每次/每月付款限額」一欄未有填上，債務銀行會將轉賬限額設定為「不設上限」。
- This Direct Debit Authorisation will be cancelled automatically on the date included in the box marked "Expiry Date". If you wish the Direct Debit Authorisation to have effect indefinitely (or until cancelled by you) please leave box blank.
此直接付款授權書將於「到期日」一欄中所填寫之日期自動撤銷。如貴戶意欲此直接付款授權書無限有效期(或直至貴戶予以撤銷為止)，請將該欄留空。
- Please ensure that you sign the form in the usual way that you would sign on your Bank Account.
請保證貴戶在此授權書內之簽名，與銀行賬戶所簽者完全相同。
- In the box marked "Debtor's Reference" enter the identifying reference between yourself and the party to be credited i.e. Sponsor No., etc.
在債務人的參考欄內，請將貴戶與受款一方的關係略予說明，例如助養者編號等。