



捐款表格 Donation Form

本人願意每月捐款

I would like to engage in a monthly contribution of

<input type="checkbox"/> HK\$100 來支持展能藝術普及教育工作 to support broad-based inclusive arts education
<input type="checkbox"/> HK\$200 來支持無障礙藝術通達服務 to support the arts accessibility services
<input type="checkbox"/> HK\$300 來支持展能藝術導師培訓與共融藝術工作坊 to support trainers' training and inclusive arts workshops
<input type="checkbox"/> HK\$500 來支持展能藝術家的專業發展 to support the professional development of artists with disability
<input type="checkbox"/> 其他 Others: _____

本人願意作一次性捐助

I am willing to make an one-off contribution of

<input type="checkbox"/> HK\$500
<input type="checkbox"/> HK\$1,000
<input type="checkbox"/> HK\$2,000
<input type="checkbox"/> HK\$3,000
<input type="checkbox"/> 其他 Others: _____

本人願意將以下賀禮捐贈 **I would like to donate the below celebrative gift**

<input type="checkbox"/> 結婚誌慶 Wedding	<input type="checkbox"/> 新生嬰兒 New Baby
<input type="checkbox"/> 週年紀念 Anniversary	<input type="checkbox"/> 開幕誌慶 Opening
<input type="checkbox"/> 生日祝賀 Birthday	<input type="checkbox"/> 其他 Others: _____
港幣 HKD\$ _____	

本人樂意捐獻港幣 _____ 以懷念 _____

I would like to donate HKD\$ _____ in memory of _____

捐款者資料 Donor Details

捐款港幣一百元或以上將可獲發收據作為扣稅用途。Donations over HK\$100 are tax-deductible.

請盡量以英文填寫。您的個人資料只限本會使用。Your personal data will only be used by Arts with the Disabled Association Hong Kong.

博士/先生/女士/團體 Dr/Mr/Ms/Organization : _____

身份證號碼 HKID No. : _____ X X X (X) 聯絡電話 Contact No. : _____

(只作識別重複捐款者記錄 For the identification of duplicated donor record only)

通訊地址 Address : _____

電郵 Email : _____ 職業 Occupation : _____

捐款方法 Donation Methods :

支票 By Cheque

銀行名稱 Bank Name : _____

支票號碼 Cheque No. : _____

抬頭請寫「香港展能藝術會」(Payable to "Arts with the Disabled Association Hong Kong")

銀行戶口自動轉賬 Bank Direct Debit

請填寫頁 2 的直接付款授權書。(Please fill in the Direct Debit Authorisation form on pg.2.)

直接存入 Bank-in Donation to

匯豐銀行戶口號碼 HSBC Account Number : 004 - 3 - 143999

<input type="checkbox"/> 信用卡 By Credit Card	
<input type="checkbox"/> American Express <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	
信用卡號碼 Card No. : _____	
信用卡有效期至 Expiry Date : _____	
持卡人姓名 Cardholder's Name : _____	
持卡人簽名 Cardholder's Signature : _____	
日期 Date : _____	

填妥捐款表格後，請連同支票 / 銀行收據寄回本會。若選擇銀行戶口自動轉賬或信用卡捐款，請將已填妥的捐款表格寄回本會，以便盡快處理。

Please return the completed donation form together with the cheque / bank-in slip to the Association. For bank direct debit or credit card payment, please return the completed donation form to the Association for further handling.

此欄由本會職員填寫 FOR OFFICIAL USE

授權號碼 Authorisation Code	授權日期 Code Date

直接付款授權書 Direct Debit Authorisation

Name of Party to be Credited (The Beneficiary) 收款的一方 (受益人)		Bank No. 銀行號碼	Branch No. 分行號碼	Account No. 戶口號碼	Date(day/month/year) 日期(日/月/年)
Arts with the Disabled Association Hong Kong		0 0 4	4 0 4	1 6 3 7 6 8 0 0 1	/ /
My/Our Bank Name and Branch 本人 (等) 的銀行及分行名稱	Bank No. 銀行號碼	Branch No. 分行號碼	My/Our Account No. 本人 (等) 的戶口號碼		1. I/We hereby authorize my/our above 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 (等) 現授權本人 (等) 的上述銀行，(根據受益人或其往來銀行不時給予本人 (等) 銀行的指示) 自本人 (等) 的戶口內轉賬予上述受益人。惟每次轉賬金額不得超過以下指定的限額。
#My/Our Name(s) as recorded on Statement/Passbook #本人 (等) 在結單/存摺上所紀錄的名稱		Contact Telephone No 聯絡電話號碼			
+Limit for Each Payment/* Month *每次/每月付款+限額	+Expiry Date (day/month/year) +到期日 (日/月/年)	My/Our Address as recorded on Statement/Passbook (If different from the above) 本人 (等) 在結單/存摺上所紀錄的地址 (若與上址有別)		2. 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 (等) 同意本人 (等) 的銀行毋須證實該等轉賬通知是否已交予本人 (等)。	
+My/Our Signature(s) +本人 (等) 的簽署				3. 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 (等) 的戶口出現透支 (或令現時的透支增加)，本人 (等) 願共同及各別承擔全部責任。	
#Name of Debtor (If other than Account Holder) #債務人的姓名(若非戶口持有人)	For Official Use only 此欄由本會職員填寫 Debtor's Reference (Donor's Reference) No. 債務人參考 (捐款者參考)		4. 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 authorization at any time on one week's written notice. 本人 (等) 同意如本人 (等) 的戶口並無足夠款項支付該等授權轉賬，本人 (等) 的銀行有權不予轉賬，且銀行可收取慣常的收費，並可隨時以一星期書面通知取消本授權書。		
For Bank Use Only 銀行專用	Remarks 備註	Signature Verified			
		5. This authorization shall have effect until further notice or until the expiry date written below (whichever shall first occur). 本授權書將繼續生效直至另行通知為止或直至下列到期日為止 (以兩者中最早的日期為準)。			
		6. 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 (等) 同意，本人 (等) 取消或更改本授權書的任何通知，須於取消/更改生效日最少兩個工作天之前交予本人 (等) 的銀行。			

* Please delete whichever is not appropriate. * 請刪去不適用者。

Please write in BLOCK Letters. # 請以英文正楷填寫。

+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。
- 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. 本直接付款授權書將於「到期日」一欄中所填寫的日期自動撤銷。如貴戶意欲直接付款授權書無限期有效 (或直至貴戶予以撤銷為止)，則請將該欄留空。
- 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的簽名，與銀行戶口所簽者完全相同。
- In the box marked "Debtor's Reference" enter the identifying reference between yourself and the party to be credited i.e. Student No., Mortgage Agreement No., Rental Agreement No., etc. 在「債務人參考」欄內，請將貴戶與收款一方的關係，略予說明，例如：學生編號、抵押合約號碼等。
- If "Limit for Each Payment/Month" is not specified, the debtor's bank will set the limit as "unlimited". 如「每次/月付款的限額」一欄未有填上，債務銀行會將轉賬限額設定為「不設上限」。

地址 Address：香港銅鑼灣福蔭道7號銅鑼灣社區中心4樓

4/F, Causeway Bay Community Centre, 7 Fook Yum Road, Causeway Bay, Hong Kong

電話 Telephone：2855 9548 傳真 Fax：2872 5246

電郵 Email：ada@adahk.org.hk 網頁 Website：www.adahk.org.hk