



DONATION FORM 捐款表格

我願意捐助「國際特赦組織」的人權工作

YES! I WANT TO SUPPORT AMNESTY INTERNATIONAL'S HUMAN RIGHTS WORK

捐款金額 Donation amount:

月捐 Monthly 季捐 Quarterly 年捐 Annual

HK\$ 100 150 200 300 500 1000 1500 其他 Other: _____

捐款人資料 Donor's Information

(Please write in **BLOCK** letters. 請以**英文正楷**填寫)

(Please fill in **ALL** fields. 請填妥**所有**項目)

姓氏 Surname: _____ (先生 Mr./ 小姐 Miss/ 太太 Mrs.) *

名字 First name: _____ 中文名: _____

職業 Profession: _____ 出生年份 Year of birth: _____

電話 Tel No.: _____ (手提 Mobile) _____ (住宅 Home) _____ (辦公室 Office)

電郵地址 Email: _____

通訊地址 Mailing address: _____

室 Unit/ Flat _____ 樓數 Floor _____ 座 Block/ Tower _____

大廈名稱 Building name _____ 屋 名稱 Estate name _____

街道號碼 Street no. _____ 街道名稱 Street name _____

區域 District _____ 香港 HK/ 九龍 KLN/ 新界 NT*

Your personal data will only be used for receipting, fundraising and communication purposes only.

你的個人資料只限用於開發收據、募捐及組織之通訊。

捐款方法 Donation Method

信用卡 By credit card: VISA / MASTER *

信用卡號碼 Card No.: _____

持卡人姓名 Cardholder's name: _____

到期日 Expiry date**: _____

持卡人簽名 Cardholder's signature: _____

** 每月捐款將在信用卡到期後自動延續 Valid including after expiry date until further notice.

銀行自動轉賬 By bank autopay (請填妥右面之表格 Please fill in the form on the right)

- 捐款一百元以上可申請免稅 All donations of \$100 or above are tax deductible.
- 於首次捐款過後，隨後之捐款會於每月 10 日前進行。After the first deduction, subsequent deductions will be made before the 10th of every month for the following months.
- 每月之捐款將顯示於閣下之銀行或信用卡月結單上。閣下於每年四月初會收到由國際特赦組織香港分會寄出之稅務減免收據，該收據證明閣下於該年度至 3 月 31 日之捐款。Receipts for monthly deductions will not be provided. Please refer to your bank statements for confirmation of payments. You will receive a tax-exempt receipt from Amnesty International Hong Kong at the beginning of April every year for donations received for the previous year up to March 31.

* 請把不適用者刪去 Please delete as whichever is not appropriate.

地址：九龍渡船街 32-36 號富利來商業大廈 3D - Address: Unit D, 3/F, Best-O-Best Comm. Ctr, 32-36

Ferry Street, Kowloon

電話 Phone: (852) 2300 1250 傳真 Fax: (852) 2782 0583

電郵 Email: admin-hk@amnesty.org 網址 Web site: www.amnesty.org.hk

自動轉賬授權書 Direct Debit Authorisation Form

Name of Party to be Credited (The Beneficiary) 收款一方 (受益人) AIHK Human Rights Education CT 國際特赦組織香港分會人權教育慈善基金	Bank No. 銀行編號 004	Branch No. 分行編號 600	Account No. 賬戶號碼 868863001
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My/ Our Bank Name and Branch 本人/吾等之銀行及分行之名稱	Bank No. 銀行編號	Branch No. 分行編號	Account No. 賬戶號碼
My/Our Name(s) as recorded on Statement/Passbook 本人/吾等在結單/存摺上所紀錄之名稱			Contact No. 聯絡電話
My/Our address as recorded on Statement/ Passbook 本人/吾等在結單/存摺上所紀錄之地址			Limit for Each *Payment/Month 每次/月 付款之限額
Expiry Date 到期日 Day 日/Month 月/Year 年	My/Our Signature(s) 本人/吾等之簽名		Date 日期

For official use only 由本會及銀行填寫

* Debtor's Reference	Remarks	Signature Verified
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- I/We hereby authorise 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(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。
- 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)。
- 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。
- I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorised, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank make the usual charge and that it may cancel this authorisation at any time on one week written notice.
本人(等)同意本人(等)之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，且有權收取慣常之收費，並可隨時以一星期書面通知取消本授權書。
- This authorisation shall have effect until further notice or until the expiry date written below (which ever 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)。
- 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/更改日最少兩個工作天之前交予本人(等)的銀行。

※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.

如台端付款之數額每次可能不相同，則將最高者定為每次付款之最高限額。

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」一欄中所填寫之日期自動撤銷。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。

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」。

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.

在債務人之參考欄內，請將貴戶與受款一方之關係，略予說明，例如學生編號，抵押合約號碼等。

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