

捐款表 Donation Form



請填妥此表格並連同支票或入數紙(如有)郵寄、電郵 (info@jabezcounseling.org.hk) 給我們。謝謝!

Please send this form together with cheque or bank-in slip (if any) back to us by post, email (info@jabezcounseling.org.hk). Thanks!

我樂意捐助 I Wish to Donate

- 每年捐款 Donate yearly
 每月捐款 Donate monthly
 一次性捐款 Donate for once
 HKD\$5000
 HKD\$3000
 HKD\$2000
 HKD\$1000
 HKD\$_____

捐款港幣 100 元以上可憑收據申請免稅 Donations of HK \$100 or above are tax-deductible with receipts

個人資料 My Details (請以英文正體填寫 Please complete in BLOCK LETTERS)

姓名 Name	<input type="checkbox"/> 先生 <input type="checkbox"/> 女士 <input type="checkbox"/> Mr <input type="checkbox"/> Ms (Surname)	(Given Name)
地址 Address		
電話 Number (手機 Mobile)	(住宅 Residential)	
電郵 Email	捐款者編號 Donor No.	由本中心填寫 FOR JABEZ USE ONLY

捐款方法 Payment Method (#請以英文正體填寫 # Please complete in BLOCK LETTERS)

<input type="checkbox"/> 銀行戶口自動轉賬 Bank Direct Debit (減省最多行政支出 Minimizes the most admin cost) (請郵寄正本給本中心 Please mail original copy to us)			
收款的一方 (收款人) Name of party to be credited (The Beneficiary)	銀行編號 Bank No.	分行編號 Branch No.	戶口號碼 Account No.
Jabez Counseling Services Centre Limited	040	760	32801842
本人(等)的銀行及分行名稱 My/Our Bank Name and Branch	銀行編號 Bank No.	分行編號 Branch No.	本人(等)的戶口號碼 My/Our Account No.
#本人(等)在結單/存摺上所記錄的姓名 #My/Our Name(s) as recorded on Statement/Passbook		聯絡電話號碼 Contact Telephone No.	
本人(等)在結單/存摺上所記錄的地址 My/Our Addresses as recorded on Statement/Passbook			
每月付款的*限額 *Limit for Each Month	*到期日 (日/月/年) *Expiry Date(day/month/year)		
#付款人名稱(如非戶口持有人)# Debtor Name (if other than Account holder)	支賬參考 Debtor's Reference 由本中心填寫 (FOR JABEZ USE ONLY)		
*本人(等)的簽署 *My/Our Signature(s)	日期 Date		
銀行專用 FOR BANK USE ONLY		簽名核實 Signature(s) verified	

<p>本人(等)現授權本人(等)的上述銀行·(根據收款人或其往來銀行及/或代理不時給予本人(等)銀行的指示)自本人(等)的戶口內轉賬予上述收款人·惟每次金額不得超過以上指定的限額·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)·</p> <p>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)願共同及個別承擔全部責任·</p> <p>本人(等)並同意如本人(等)的戶口並無足夠款項支持該等授權轉賬·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·</p> <p>本授權書將繼續生效直至另行通知為止或直至上列到期日為止(以兩者中最早的日期為準)·本人(等)同意如本人(等)已設立的銀行戶口每月自動轉賬授權書的戶口連續三十個月內未有根據本授權而作出過賬的記錄·本人(等)的銀行保留權利取消本直接付款安排而毋須通知本人(等)·即使本授權書並未到期或未有註明授權到期日·</p> <p>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·</p> <p>+附註:</p> <ol style="list-style-type: none"> 如授權書將於「到期日」一欄中所填寫的日期自動撤銷·如貴戶意欲直接付權書無限期有效(或直至貴戶撤銷為止)·則請將該欄留空· 請保證貴戶在此授權書內的簽名·與銀行戶口所簽署者完全相同· 如「每月付款的限額」一欄未有填上·付款銀行將會轉賬限額定為「不設上限」· 	<p>I/We hereby authorize my/our above named Bank to effect transfer 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 and/or its banker's correspondent from time to time provided always that the amount of any one such transfer should not exceed the limit indicated above.</p> <p>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.</p> <p>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).</p> <p>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.</p> <p>This direct debit authorization shall have effect until further notice or until the expiry date written above (whichever shall first occur). I/We agree that if no transaction is performed on my/our account under such authorization for a continuous period of 30 months, my/our Bank reserves the right to cancel the direct debit arrangement without prior notice to me/us, even though the authorization has not expired or there is no expiry date for the authorization.</p> <p>I/We agree that any notice of cancellation or variation of this authorization 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.</p> <p>+Notes:</p> <ol style="list-style-type: none"> This Direct Debit Authorization will be cancelled automatically on the date included in the box marked "Expiry Date". If you wish the Direct Debit Authorization to have effect indefinitely (or until cancelled by you) please leave box blank. Please ensure that you sign the form in the usual way that you would sign on your Bank Account. If "Limit for Each Month" is not specified, the debtor's bank will set the limit as "unlimited".
---	--

<input type="checkbox"/> 信用卡 Credit Card		
<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express	信用卡號碼 Card No.	有效期 Expiry Date MM / YY
持卡人姓名 Cardholder's Name	持卡人簽署 Cardholder's Signature	發卡銀行 Issuing Bank

<input type="checkbox"/> 支票 Cheque (抬頭「雅比斯輔導服務中心有限公司」 Payable to ' Jabez Counseling Services Centre Limited ')	
支票號碼 Cheque No.	銀行名稱 Bank Name

<input type="checkbox"/> 存款 Bank-in (大新銀行 Dah Sing Bank 6032801842)
<input type="checkbox"/> Paypal (請到 Please visit www.jabezcounseling.org.hk)

使用個人資料 Use of Personal Information

你的個人資料絕對保密·只供本中心與閣下聯絡和處理捐款及收據·除非特別指定·本中心將會按需要發電子版收據和通訊資料給你·
 Your personal data will be kept strictly confidential by Jabez Counseling Services Centre for communication, donation and receipts processing only. Unless stated otherwise, we will issue electronic receipts and communication materials to you.

本人選擇郵寄版本 I opt for printed versions
 本人不願意接收通訊資料 I do not wish to receive communications