

仁濟關愛小領袖月捐及義工計劃 YCH Little Leaders Monthly Donation and Volunteer Programme

參加表格 Enrollment Form

本人同意以我孩子的名義捐助上述仁濟關愛小領袖月捐及義工計劃。

My child/children is/are willing to join the "YCH Little Leaders Monthly Donation and Volunteer Programme".

請在適當空格□內填上 ✓ 號 Please tick the appropriate box		
<input type="checkbox"/> 我願意每月定額捐款 I am willing to join the above Monthly Donation and Volunteer Programme <input type="checkbox"/> HK\$99 <input type="checkbox"/> HK\$199 <input type="checkbox"/> 其他金額 HK\$ _____		
<input type="checkbox"/> 銀行戶口每月定額捐款 Monthly Donation by Bank Account		
收款之一方(受惠機構) Name of Party to be credited (The Beneficiary) 仁濟醫院統籌賬 Yan Chai Hospital Controlling Account		
銀行編號 Bank No.	分行編號 Branch No	收款賬戶之號碼 Account No. of Party
0 0 4	0 0 1	5 4 5 8 8 8 0 0 1
本人(等)之銀行及分行之名稱 My/Our Bank Name and Branch		
銀行編號 Bank No.	分行編號 Branch No	本人(等)之賬戶之號碼 My/Our Account No.
本人(等)在結單 / 存摺上所紀錄之英文名稱 My/Our Name as recorded on Statement/Passbook		開戶時之身份證號碼 My / Our Hong Kong Identity Card No.
每月付款之限額 Limit for each monthly payment	本人(等)之簽名(銀行戶口簽名) My / Our Signature(s) (Same as the signature(s) of your bank account.)	
日期 Date	[仁濟醫院]支賬參考 [YCH] Reference No	供銀行專用 For Bank Use
1. 本人(等)現授權本人(等)之上列銀行，根據受惠機構不時給予本人(等)銀行之指示，自本人(等)之賬戶內轉賬予上列之受惠機構。但每次轉賬金額不得超過以上指定之限額。 2. 本人(等)同意本人(等)之銀行毋須證實該等轉賬通知是否已交予本人(等)。 3. 如因該等轉賬而令本人(等)之賬戶出現透支(或令現時之透支增加)，本人(等)會共同及各別承擔全部責任。 4. 本人(等)確證在本授權書內的簽名與本人(等)用以轉賬的戶口的簽署相同。 5. 本人(等)同意如本人(等)之賬戶並無足夠款項支付該等授權轉賬，本人(等)之銀行有權不予轉賬，且銀行可收取慣常之收費，該等費用一概由本人(等)支付。 6. 本人(等)同意取消或更改本授權書之任何通知，須於取消或更改生效日最少兩個工作天之前交予本人(等)之銀行。 7. 本直接付款授權書將繼續生效直至另行通知為止。		
1. I/We hereby authorize my/our above-named bank (the "Bank") to effect transfers from my/our above-mentioned account to the above-named beneficiary in accordance with such instructions as the Bank may receive from the beneficiary from time to time, provided always that the amount of any one such transfer shall not exceed the limit indicated above. 2. I/We agree that the Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us. 3. I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our above-mentioned account which may arise as a result of any transfer(s). 4. I/We confirm that my/our signature(s) on this authorization is/are the same as filed with the Bank for the operation of my/our above-mentioned account to be debited for the transfer. 5. I/We agree that should there be insufficient funds in my/our above-mentioned account to meet any transfer hereby authorized, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me/us. 6. I/We agree that any notice of cancellation or variation of this authorization which I/we may give to the Bank shall be given at least two working days prior to the date on which such cancellation or variation is to take effect. 7. This authorization shall have effect until further notice.		
<input type="checkbox"/> PayPal		
捐款日期 Donation Date:	參考編號(最後 5 位數字) Reference no.(Last 5 digits of reference no.)	Paypal 連結 link 
<input type="checkbox"/> 信用卡 Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> 仁濟銀聯雙幣信用卡 Yan Chai CUP Dual Currency Credit Card		
持卡人姓名 Cardholder's Name: _____ 信用卡號碼 Credit Card Number: _____ 有效期至 Card Expiry Date: _____ 月MM _____ 年YY 簽發銀行 Card Issuing Bank: _____ 保險碼(咭背面最後3位數字) CVV No.(the last 3-digit shown on the back of the card) _____ 持卡人簽署 Cardholders' signature: _____		
*本直接付款授權書將繼續生效直至另行通知為止。 This authorization shall have effect until further notice.		

我樂意一次性捐款 One-off Donation HK\$2,000 HK\$1,000 HK\$500 HK\$300 其他金額HK\$_____

信用卡Credit Card Visa Master 仁濟銀聯雙幣信用卡Yan Chai CUP Dual Currency Credit Card

持卡人姓名 Cardholder's Name: _____

信用卡號碼 Credit Card Number: _____

有效期至 Card Expiry Date: _____ 月MM _____ 年YY 簽發銀行Card Issuing Bank: _____

保險碼(咭背面最後3位數字) CVV No.(the last 3-digit shown on the back of the card) _____ 持卡人簽署Cardholders' signature: _____

網上捐款 Online donation 可掃描二維碼登入仁濟醫院捐款網頁以信用卡、八達通、支付寶、微信支付、Boc Pay、轉數快、Payme、Pay Pal捐款。Scan the QR Code to use credit card, octopus, Alipay HK, WeChat Pay, Boc Pay, FPS, Payme and Pay Pal to make donation



支票捐款 Cheque Donation 劃線支票抬頭請寫「仁濟醫院」/「YAN CHAI HOSPITAL」

寄回：新界荃灣仁濟街7至11號仁濟醫院C座董事局企業傳訊部 Post to: Corporate Communications Department, Yan Chai Hospital Board, 10/F., Block C, Yan Chai Hospital, 7-11 Yan Chai Street, Tsuen Wan, N.T.

捐款人資料 Donor's Information

姓名 Name <input type="checkbox"/> 先生Mr <input type="checkbox"/> 女士Mrs <input type="checkbox"/> 小姐Miss	捐款收據名稱 Name on receipt	電話 Contact Number
--	------------------------	-------------------

地址Address

電郵E-mail

為節省行政開支，讓善款運用得宜，本人不需要捐款收據。To save administration costs, no donation receipt is required.

1 子女資料 Child's Information

姓名Name _____ 性別 Gender M / F 出生年份及月份(MM/YYYY of Birth) _____

2 子女資料 Child's Information

姓名Name _____ 性別 Gender M / F 出生年份及月份(MM/YYYY of Birth) _____

3 子女資料 Child's Information

姓名Name _____ 性別 Gender M / F 出生年份及月份(MM/YYYY of Birth) _____

聲明Disclaimer

仁濟醫院(「本院」)會按照《個人資料(私隱)條例》的規定處理及儲存您的個人資料，絕不會向第三方出售及/或提供您的個人資料。本院擬使用您的個人資料以作日後聯絡、籌款宣傳、收集意見或推廣用途。惟未經您的同意，本院不會將您的個人資料用於上述用途。您有權隨時向本院查詢、更改或要求停止使用您的個人資料作上述用途，費用全免，請於辦公時間致電187 2828

Yan Chai Hospital ("YCH") shall comply with the Personal Data (Privacy) Ordinance in handling and keeping your personal data. YCH will not sell and/or provide your personal data to any third party. YCH intends to use your personal data for future correspondences, fund-raising appeals, conducting survey or promotional activities. YCH will not use your personal data for the above purposes unless you give us your consent. You have the right to access, correct and request YCH to stop using your personal data for the above purposes at any time and at no charge by calling 187 2828 during office hours.

本人已閱讀，了解及同意仁濟醫院上述有關收集、使用及提供個人資料的條文。I have read, understood and agreed with the statement regarding the collection, use and provision of personal data by YCH.

本人及孩子同意自動登記成為仁濟義工團義工成員。I agreed my child and myself to register to the Yan Chai Volunteer Group

簽署 Signature _____

日期Date _____

表格及通知書請交回 新界荃灣仁濟街7-11號仁濟醫院C座10樓仁濟醫院董事局企業傳訊部

Please send the completed forms to Corporate Communications Department, Yan Chai Hospital Board, 10/F., Block C, Yan Chai Hospital, 7-11 Yan Chai Street, Tsuen Wan, N.T. 電郵Email: corpcom@yanchai.org.hk