



To enroll in the “Chain of Hope Programme”, please fill in the following information and kindly return this form to P.O. Box No. 33786, Sheung Wan Post Office, Hong Kong. Thank you for your support. 感謝你對我們的支持。

欲加入「希望長傳」每月認捐計劃，請填寫以下資料郵寄至：亞洲癌症研究基金會有限公司，香港上環郵政局郵政信箱33786號。

Monthly amount / 每月捐款額: I pledge / 本人認捐:

港幣 HK\$200 港幣 HK\$400 港幣 HK\$600 Other Amount其他款額: 港幣 HK\$_____

You can choose deducting monthly donation either from your credit card or bank account. Please indicate your choice below. 請選擇適當的自動轉賬方法。

Autopay by Credit Card / 於本人之信用卡自動轉賬 AMEX / 美國運通 VISA Mastercard / 萬事達

Expiry Date / 有效日期: _____ (MM/YY 月 / 年) Auth. Code / 銀行專用: _____

Credit Card No. / 信用卡號碼: - - -

Name of card holder / 信用卡持有人姓名: _____ Signature / 簽名: _____

Autopay by Bank Account / 於本人之銀行賬戶自動轉賬 Please complete the Autopay (Direct Debit) Authorisation Form below. 請填寫以下直接付款授權書

MY AUTOPAY (DIRECT DEBIT) AUTHORISATION FORM 自動轉賬直接付款授權書

Please fill in block letters 請以英文大楷填寫

Name of party to be credited (the Beneficiary) 收款之一方(受款人) ASIAN FUND FOR CANCER RESEARCH LIMITED		Bank No. 銀行編號 015	Branch No. 分行編號 140	Account No. to be credited 收款賬戶之號碼 68-00156-7
My/Our Bank Name and Branch 本人 / 吾等 / 本公司之銀行及分行名稱		Bank No. 銀行編號	Branch No. 分行編號	My/Our Account No. 本人 / 吾等 / 本公司之賬戶號碼
My/Our Name 本人 / 吾等 / 本公司之名稱		My/Our Address 本人 / 吾等 / 本公司之地址		
Debtor Reference (official use only) 捐款者號碼(此欄由本會填寫)		ID Card No 身份證號碼		
Pledge Amount Per Payment HK\$** 每月認捐款額 港幣	My/Our Signature(s) 本人 / 吾等 / 本公司之簽名		Bank Use Only 銀行專用	
Daytime Phone No. 日間聯絡電話	Date of Completion 填寫日期			

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 from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated above.

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.

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).

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 may make the usual charge and that it may cancel this authorisation at any time on one week's written notice.

This authorisation shall have effect until further notice or until the above written expiry date (whichever shall first occur).

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 / 本公司現授權本人 / 吾等 / 本公司之上述銀行，(根據受款人不時給予本人 / 吾等 / 本公司之銀行之指示)自本人 / 吾等 / 本公司之賬戶內轉賬予上述受款人，惟每次轉賬金額不得超過以上指定之限額。

本人 / 吾等 / 本公司同意本人 / 吾等 / 本公司之銀行毋須證實該等轉賬通知是否已交予本人 / 吾等 / 本公司。

如因該等轉賬而令本人 / 吾等 / 本公司之賬戶出現透支(或令現時之透支增加)，本人 / 吾等 / 本公司願共同及各別承擔全部責任。

本人 / 吾等 / 本公司同意如本人 / 吾等 / 本公司之賬戶並無足夠款項支付該等授權轉賬，本人 / 吾等 / 本公司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本授權書。

本授權書將繼續生效直至另行通知為止或直至上列期日為止(以兩者中最早之日期為準)。

本人 / 吾等 / 本公司同意，本人 / 吾等 / 本公司取消或更改本授權書之任何通知，須於取消 / 更改生效日期最少兩個工作天之前交本人 / 吾等 / 本公司之銀行。

NOTES:

**The pledge amount will be deducted from your account once a month.

1. This monthly programme may take 4 or 6 weeks to process.

2. If you would like to start your monthly help for cancer research today, your cheque can be made payable to Asian Fund for Cancer Research Limited, and mailed along with this form to us.

3. Only originals are accepted. Any alternations requires a signature.

4. Transaction will normally be processed between 20th to 28th of the month.

附註:

**此款額將每月一次從您的賬戶中扣除。

(一)此每月認捐計劃需時四至六星期處理。

(二)如閣下欲於本月開始捐款，請以支票付款，抬頭請寫亞洲癌症研究基金會有限公司並連同此表格寄回本會。

(三)此授權書只接受正本，並請於所有曾更改之處簽名。

(四)轉賬事宜一般會於每月二十至二十八號內辦妥。

DONATIONS OF HK\$100 OR ABOVE ARE TAX-DEDUCTIBLE 港幣 \$ 100或以上的捐獻將獲發收據並可申請扣稅之用。