

**Thank You for Your Generous Support! 多謝您的慷慨支持!**

Please return the completed form to us at Room 811 8/F, Office Plus @ Prince Edward, 794-802 Nathan Road, Hong Kong, fax to 3753 0523 or by email to [hkinfo@hollows.org](mailto:hkinfo@hollows.org). 填妥後請寄回九龍彌敦道 794-802 號協成行太子中心 8 樓 811 室, 傳真至 3753 0523 或電郵至 [hkinfo@hollows.org](mailto:hkinfo@hollows.org)

**Donor's Information 捐款者資料**

Supporter ID 捐款者編號:	Name in Chinese 中文姓名:
Surname in English 英文姓氏:	First Name in English 英文名字:
Address 地址:	
Contact Number 電話:	Email Address 電郵地址:
Preferred Language 通訊語言選擇: <input type="checkbox"/> English <input type="checkbox"/> 中文	
<p>Personal Information Collection Statement 個人資料收集聲明: The Fred Hollows Foundation (HK) Limited ("The Foundation") 護瞳行動</p> <p>The Foundation may collect, use and store any personal information that you provide in accordance with the Foundation's privacy policy, available at <a href="http://www.hollows.org">www.hollows.org</a>. The Foundation may use your personal information to: (i) process donations and provide receipts; (ii) communicate and campaign about our blindness prevention and Australian indigenous health activities, events, services and projects (including through direct marketing emails, SMS messages and phone calls); (iii) respond to questions, feedback or complaints; (iv) any directly related purpose to the above activities and objectives of the Foundation. We will keep confidential your personal information at all times, except that we may provide your personal information to our holding company (The Fred Hollows Foundation), suppliers, service providers, contractors and partners, including information technology service providers, direct marketing agencies, mailing houses, cloud storage, banks, credit card companies and recruitment agencies which may be located outside of Hong Kong, as necessary to fulfil any of the above purposes of use on our behalf. You can request access to and correction of your personal information that we hold by contacting <a href="mailto:hkinfo@hollows.org">hkinfo@hollows.org</a>. 護瞳行動根據本會的隱私政策收集、使用和存儲閣下所提供的任何個人信息。個人資料收集聲明可於護瞳行動網頁 <a href="http://www.hollows.org">www.hollows.org</a> 查閱。護瞳行動可能會使用 閣下的資料作以下用途: (i) 處理閣下的捐款及提供捐款收據; (ii) 通知閣下有關於我們防盲項目的服務及計劃 (包括透過直接推廣電郵、手機短訊及電話); (iii) 回應閣下的查詢或意見; (iv) 任何與上述各項直接有關的用途。護瞳行動可能會在適用法例的規管下, 以保密形式將 閣下的個人資料轉移至位於海外的護瞳行動總部、承辦商、服務供應商或護瞳行動的相關實體, 包括內容設計、郵寄、印刷、電話推廣、雲端儲存、銀行服務、信用卡代理、數據處理及招聘機構。閣下如想申請取得及更改閣下的個人資料, 可以電郵至 <a href="mailto:hkinfo@hollows.org">hkinfo@hollows.org</a>。 <input type="checkbox"/> I do not agree to receive communications from The Fred Hollows Foundation and consent to the use of my personal data for this purpose. <input type="checkbox"/> 我不同意接收護瞳行動之任何通訊及使用個人資料作直接相關的用途。</p>	

**I would like to make a Monthly Donation 我願意每月捐助**

Monthly Donation Amount 每月捐款金額:  HK\$180  HK\$350  HK\$500  Other 其他: HK\$ \_\_\_\_\_

**By Credit Card 信用卡付款授權書:**  VISA  MasterCard 萬事達  American Express 美國運通

My authorization for The Fred Hollows Foundation (HK) Limited to debit the specific amount from my credit card account monthly will continue after the expiry date of the credit card and with the issuance of a new card until further notice. Credit card transactions will normally be processed on or around the 15<sup>th</sup> day of the month. 本人授權護瞳行動每月從我的信用卡賬戶扣除指定金額, 並在信用卡到期日及發行新卡後繼續, 直至另行通知為止。信用卡交易通常會在當月 15 日或左右處理。

Credit Card No. 信用卡號碼:	Expiry Date 到期日: (MM/YY)
Issuing Bank 發卡銀行:	
Cardholder's Name 持卡人姓名:	
Cardholder's Signature 持卡人簽署:	

**By Direct Debit 自動轉賬授權** Transactions will normally be processed on or around the 7<sup>th</sup> day of each month. 交易通常在每月約 7 號過賬。

Name of party to be credited (Beneficiary) 收款之一方 (受益人): <b>THE FRED HOLLOWES FOUNDATION (HK) LIMITED</b>	Bank No. 銀行編號 <b>004</b>	Branch No. 分行編號 <b>848</b>	Account No. to be Debited 收款賬戶號碼 <b>423240001</b>
My / Our Bank Name and Branch: 本人/吾等銀行及分行之名稱:			
My / Our Name(s) as record on Statement / Passbook 本人/吾等在結單/存摺上所紀錄之名稱:			
Bank No. 銀行編號	Branch No. 分行編號	Account No. 賬戶號碼	HKID Card No. 香港身份證號碼

1. I/We hereby authorize my/our designated 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 above named beneficiary from time to time provide always that the amount of any one such transfer should not exceed the limit, if any, as specified. 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. 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). 4. I/We confirm that my/our signatures(s) on this application form is/are the same as that/those for the operation of my/our Saving/Current Account to be debited for the transfer. 5. I/We agree to notify the above named beneficiary of any change of bank account or cancellation of payment method and future agree that should there be insufficient funds in my/our Bank 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. The direct debit authorization shall have effect until future notice or until expiry date written below (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, the Bank reserves the right to cancel the direct debit arrangement without prior notice to me/us, even though there is no expiry date for the authorization. 7. 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 and at the same time such notice shall be given to the above named beneficiary. 1. 現授權本人(等)的指定銀行, 根據上述受益人(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多於本人(等)所指定的限額(若有者)。2. 本人(等)同意本人(等)的銀行毋需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)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。4. 本人(等)確認本人(等)在此表格上的簽署與本人(等)用以轉賬的戶口的簽署相同。5. 本人(等)同意會通知上述受益人任何銀行戶口的變更或取消交費方式, 亦同意如本人(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。6. 直接付款授權書將繼續生效直至另行通知為止或直至下列日期為止(以兩者中最早的日期為準)。本人(等)同意如本人(等)已設立直接付款授權的戶口連續三十個月內未有根據授權而作出過賬的紀錄, 實行保留權利取消直接付款安排而毋須另行通知本人(等), 即使未有註明授權到期日。7. 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/更改生效日期最少兩個工作日之前交予本人(等)的銀行及上述收益人。

My / Our Signature(s) 本人/吾等之簽名:	Date 日期:
Debtor Ref No 參考編號 (For official use only)	Signature verified 簽名式樣核對