

請把表格印出，填妥後寄回香港郵政總局信箱 7419 號奧比斯收。信用卡捐款者可將此表格傳真至 (852) 2858 8888 或電郵至 info.hk@orbis.org。Please print out the form, complete and return to Orbis, GPO Box 7419, Hong Kong. Credit card donations can be faxed to (852) 2858 8888 or emailed to info.hk@orbis.org.

捐款者個人資料 DONOR'S PERSONAL DATA

捐款者編號 Donor number:	
<input type="checkbox"/> 先生 Mr	<input type="checkbox"/> 女士 Ms <input type="checkbox"/> 小朋友 Kid
英文姓名 (請在姓氏下劃線) English Name (Please underline surname)	
中文姓名 Chinese Name	出生日期 Date of birth
香港身份證號碼 HKID Card No. (只用作避免捐款者記錄重複) (To avoid donor record duplication only)	
日間聯絡電話 Daytime Tel No.	
通訊地址 Postal Address	
電郵地址 Email Address	
通訊語言選擇 Preferred Language for All Communication <input type="checkbox"/> 中文 Chinese <input type="checkbox"/> 英文 English	

捐款金額 DONATION AMOUNT

本人願意每月捐贈以下款項，支持奧比斯全球防治失明計劃。
I would like to donate the following MONTHLY sum to support Orbis sight-saving work worldwide.

HK\$50 HK\$120 HK\$250 HK\$500 HK\$1,000

其他金額 (多少無拘) Any amount will help HK\$ _____

捐款方法 DONATION METHOD

請選擇 (I) 信用卡賬戶或 (II) 銀行戶口轉賬

Please choose Direct Debit through (I) Credit Card or (II) Bank Account

(I) 信用卡轉賬授權書 CREDIT CARD DEBIT AUTHORIZATION	
<input type="checkbox"/> VISA 卡 Visa	<input type="checkbox"/> 萬事達卡 MasterCard <input type="checkbox"/> 銀聯 UnionPay <input type="checkbox"/> 美國運通 AE
信用卡有效期至 Card Valid Until 月 MM/ 年 YY (須於三個月內有效 Should be valid for the next three months)	
信用卡號碼 Credit Card Number	
信用卡簽發銀行 Credit Card Issuing Bank	
信用卡持有人姓名 Cardholder's Name	
信用卡持有人簽署 Signature of Credit Cardholder* 日期 Date	

* 簽名必需與閣下之信用卡簽名完全相同，表格上如有任何塗改，請在旁簽署。
Please ensure that you sign the form as well as any alterations in the same way as you sign your credit card account.

本人現授權奧比斯由本人之信用卡賬戶內定期扣除上述之賬款，直至本人另行通知為止。本人同意此授權書於本人之信用卡有效期後及獲續發新卡時繼續生效，並毋需另行填寫授權書。如需要取消或更改本授權書，請於取消或更改生效日期七個工作天前通知奧比斯。

I hereby authorize Project Orbis International, Inc. to charge my credit card account for the amount specified in a regular manner as agreed upon by me and Project Orbis International, Inc. until further notice. I agree the validity of this agreement will continue before or after the expiry date of the credit card account. Cancellation or variation of this authorization shall be given to Project Orbis International, Inc. at least seven working days before the date on which such cancellation or variation is to take effect.

奧比斯專用 FOR ORBIS USE

DDA to Bank		Handled by/on	Verified
Start Date			
Last Value Date			
Close Reason			

奧比斯之友 - 更改每月轉賬授權書

ORBIS FRIENDS -

CHANGE OF MONTHLY DEBIT AUTHORIZATION FORM

(II) 銀行戶口轉賬授權書 BANK DIRECT DEBIT AUTHORIZATION

收款之一方 (受益人) Name of the party to be credited (The beneficiary)

奧比斯 Project Orbis International, Inc.

銀行編號 Bank no. 分行編號 Branch no. 賬戶號碼 Account no. (R01)

0 | 0 | 4 | 6 | 0 | 0 | 6 | 5 | 6 | 5 | 6 | 5 | 0 | 0 | 1

本人/吾等在結單/存摺上所紀錄之名稱

My/Our name(s) as recorded on statement/passbook

本人/吾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/吾等之銀行賬戶號碼 My/Our account no.

本人/吾等在結單/存摺上所紀錄之地址 (若與左方地址有別)

My/Our address as recorded on statement/passbook (If different from the left)

本人/吾等之簽名

My/Our signature(s) **

日期

Date

由本會填寫 (檔案編號)

For Orbis use only (Debtor's reference)

(銀行專用 For bank use only)

Signature(s) verified

** 簽名必需與閣下(等)之戶口簽名完全相同，表格上如有任何塗改，請在旁簽署。
Please ensure that you sign the form the same way that you would sign your bank account and sign against any alteration you make on this form.

直至另行通知為止，本人/號/公司茲授權奧比斯及上述銀行，由本人/號/公司之銀行賬戶內支付賬款，惟每次轉賬金額不得超過以上指定之金額。如因支付後，引致本人/號/公司賬戶透支、或增加透支金額，亦請照付。但銀行方面，則可因本人/號/公司之存款不足而拒予撥付，亦可因轉賬銀碼與上述銀碼不符時，拒絕撥付。且銀行可收取慣常之收費，亦可隨時以一星期書面通知取消本授權書。本人/號/公司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前交與本人/號/公司之銀行。本人/號/公司同意本人/號/公司之銀行無須證實該等轉賬通知是否已交付本人/號/公司。

Until further notice I/we hereby authorize Project Orbis International, Inc. to initiate and the Bank named above to process debits to my/our account and provided always that the amount of any one such transfer shall not exceed the limit indicated above. Notwithstanding that to do so may result in an overdraft or an increase in the overdraft on my/our account and provided further that the amount of each such transfer shall be exactly the amount indicated above. 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. 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 or variation is to take effect. 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.

一年內累積捐款達港幣一百元或以上可憑收據在香港申請免稅。每月捐款正式收據將於每年四月寄奉，以便你填寫報稅表。Accumulated donations of HK\$100 or above annually are tax deductible with a receipt in Hong Kong. For monthly donations, an annual receipt will be issued in April to help you pursue your tax return.

郵寄收據 Please send receipt by mail

電郵收據 Please send receipt by email

若收據抬頭並非捐款者本人，請以英文列明

Please specify the recipient if it is different from the donor: _____

若捐款人姓名或地址/電郵欠奉，恕不能發收據。Orbis regrets that it cannot provide receipts to donors who fail to provide either their name or address/email.

本人不需收據 Please do not send me a receipt.