



樂施會
OXFAM | 無窮世界
World Without Poverty

我願意成為樂施之友，每月捐款：

I want to be an Oxfam Partner and donate monthly:

捐款者資料 Donor's Information: (請盡量以英文正楷填寫 IN BLOCK LETTERS)

英文姓名 Name : _____ 中文姓名 Chinese name : _____
姓 Surname 名 First Name

性別 Sex : _____ 出生年份 Year of Birth : _____ 行業 Occupation : _____

電郵 E-mail : _____

聯絡電話 Tel. : (日間 Day) _____ (晚間 Evening) _____

地址 Address : _____

通訊語言 Language : 中文 Chinese 英文 English

收據姓名(如與上述不同) Name on Receipt (if different from above) : _____

您所提供的資料將保密處理，只會被樂施會及受其委託的服務提供者用作捐款處理、寄發收據及有關捐款通信用途。為了與您緊密聯繫，向您匯報樂施會的扶貧、倡議及發展教育工作，以及籌募和活動資訊，樂施會及受其委託的服務提供者將會透過您提供的聯絡方法(包括姓名、電話、電郵及郵寄地址)，為您提供通訊、籌募、義工招募及相關資訊，以及用作收集意見之用途。若您不願意收到上述資訊及資料，請在方格上加上剔號。□

The personal data collected will be treated as strictly confidential and will be used by Oxfam and its service providers for the purposes of donation administration, receipt issuance and related communications. To connect closely with you and to keep you informed of Oxfam's work against poverty as well as advocacy, development and fundraising progress, Oxfam Hong Kong and its service providers may use your contact information (name, telephone, email and address) for the purpose of communications, fundraising, volunteer recruitment and survey administration. If you would not like to receive such materials or communications, please tick the box. □

請選擇一個或多個捐款項目及其捐款額 Please choose type(s) of project & donation amount:

- 全球項目 Global projects (24IT2001) MOP _____
- 中國項目 China projects (24IT2002) MOP _____
- 教育項目 Education projects (24IT2003) MOP _____
- 非洲項目 Africa projects (24IT2004) MOP _____
- 小農項目 Smallholder farmers projects (24IT2005) MOP _____

謝謝您!
Thank you!

➔ 每月捐款總額(澳門幣) Monthly Donation Amount MOP _____

澳門宋玉生廣場 258 號建興龍廣場 18 樓 F 室
 Alameda Dr. Carlos d'Assumpção, No.258, Praça Kin Heng Long, 18 Andar F, Macau
 電話 Tel : (853) 2875 7750 傳真 Fax : (853) 2875 7667
 澳門捐款者熱線 Macau Toll Free Hotline : 0800809

香港北角馬寶道 28 號華匯中心 17 樓
 Oxfam Hong Kong, 17/F China United Centre, 28 Marble Road, North Point, Hong Kong
 電話 Tel : (852) 3120 5000 傳真 Fax : (852) 2590 6880
 電郵 Email : ds@oxfam.org.hk 網址 Website : www.oxfam.org.hk

捐款方法 Donated by: 請選擇 信用卡 Credit Card 或 or 自動轉賬 Autopay

信用卡 Credit Card (請傳真至 Please fax to 852-2590 6880 或 Whatsapp 至 to 852-6685 0500)

VISA MASTER UnionPay

信用卡號碼 Card No. : _____

信用卡有效期至 Card expiry date : _____ 月 mth / _____ 年 yr

信用卡持卡人姓名 Cardholder's name : _____

每月捐款總額(澳門幣) Monthly donation amount : MOP _____

持卡人簽名 Cardholder's signature : _____

(信用卡每月捐款將在收到此表格後約 10 個工作天生效，並會在每月 15 號左右過數。每月捐款將於該信用卡到期再續後繼續自動過數，直至閣下另行通知樂施會。Monthly donation payment will become effective 10 working days after receipt of this form. Thereafter, transactions will normally be processed around the 15th of every month. Monthly donation via credit card will continue after the expiry date of the credit card and upon renewal of the credit card unless the cardholder otherwise notifies Oxfam in Macau.)



樂施會
OXFAM
無窮世界
World
Without
Poverty

自動轉賬表格 (中國工商銀行(澳門)股份有限公司戶口持有人)

Autopay Authorization Form (For Account holder of Industrial and Commercial Bank of China (Macau) Limited)

(請郵寄正本回樂施會 Please send back the original to Oxfam)

收款之一方(受益人) Name of Account to be credited: 澳門樂施會 Oxfam in Macau	收款賬戶號碼 Account no. to be credited : 0119100200005410589
賬戶名稱 Account Holder Name:	捐款賬號 Debit Account No. <input type="checkbox"/> 港幣 HKD <input type="checkbox"/> 澳門幣 MOP
身份證/護照/其他證件號碼 ID Card/Passport/Other ID No.	銀行戶口持有人簽署 Signature (s) of Account Holder(s)
聯絡電話 Phone no. :	申請日期 Applied Date
致：中國工商銀行(澳門)股份有限公司 本人(等)/本公司茲授權中國工商銀行(澳門)股份有限公司(「貴銀行」)根據上述收款人之指示，由本人(等)/本公司於貴銀行開立之銀行賬戶(賬戶號碼附註於申請表內)內支付款項並轉帳予上述收款人，直至終止本授權為止。本人(等)/本公司清楚知悉及同意遵守下述條款： 1、當貴銀行收到上述收款人發出之付款通知時，貴銀行可立即按照該收款人所指定之金額轉賬予收款人。 2、本人(等)/本公司同意貴銀行無義務確定該等支款通知是否已交予本人(等)/本公司。 3、倘若本人(等)/本公司之銀行賬戶內沒有足夠款項支付有關轉賬時，本人(等)/本公司需承擔一切法律責任及後果，概與貴銀行無關。 4、倘若本人(等)/本公司之銀行賬戶內沒有足夠款項支付有關轉賬時，本人(等)/本公司將同意和承擔因延誤而被收款公司/機構徵收的行政或相關費用。 5、本人(等)/本公司願共同及個別承擔因該等支款而令本人(等)/本公司之銀行賬戶出現透支(或令現時透支增加)之全部責任。 6、倘若本人(等)/本公司之銀行賬戶連續三次因賬戶可用餘額不足而未能支付有關轉賬時，貴銀行有權終止本授權而無須另行通知本人(等)/本公司。 7、倘若本授權有任何變更或失效，本人(等)/本公司必須於下一個轉賬交易日最少一星期前以書面方式通知 貴銀行。貴銀行在收到書面通知前，本授權仍然生效。 8、貴銀行有權收取服務費用，並可由本人(等)/本公司之銀行賬戶內支付。 9、倘若支付有關轉賬涉及兌換，本人(等)/本公司授權貴銀行可按照交易當日貴銀行的指定兌換價進行交易。 10、本人(等)/本公司同意倘若由於本授權書並非直接交予貴銀行而導致第三者知悉本授權書上所附載之內容，本人(等)/本公司願承擔因此而產生之任何法律及財務責任，一概與貴銀行無關。 11、貴銀行得隨時修改上述條款及細則而無須另行通知本人(等)/本公司。	To: Industrial and Commercial Bank of China (Macau) Limited I(We)/The Company hereby authorize(s) Industrial and Commercial Bank of China (Macau) Limited ("the Bank") to effect transfers from my/our designated account (as stated in the Application Form) to that of the above named beneficiary(ies) until the cancellation of this authorization takes into effect. I/We (The Company) further confirm(s) and agree(s) that: 1. The Bank may effect transfer(s) from my (our) /the Company's designated account to that of the beneficiary(ies) immediately when the Bank receives such instruction from the beneficiary(ies). 2. The Bank shall not be obliged to ascertain whether or not notice of any such transfer notice has been given to me(us)/The Company. 3. I (We)/The Company shall accept full legal responsibilities and consequence(s) shall there be insufficient funds in my(our)/The Company's designated account to effect such transfer. Under no circumstances shall the Bank be held responsible. 4. I (We)/The Company shall agree and be duly responsible for the service fee and other related charges due to late transfer and levied by the beneficiary shall there be insufficient funds in my(our)/the Company's designated account to effect such transfer. 5. I (We)/The Company jointly and severally accept full responsibilities for any overdraft (or increase in existing overdraft) on my(our) / The Company's designated account which may arise as a result of any such transfer(s). 6. The Bank may at its own discretion to cancel this authorization without prior notice to me(us)/The Company should there be insufficient fund(s) in my(our)/The Company's designated account to effect the transfer for three consecutive times. 7. Any notice of variation or cancellation of this authorization has to be given to the Bank in writing at least one week prior to the date of the next fund transfer. This authorization shall be valid until such notice is received by the Bank. 8. The Bank reserves the right to charge me(us)/The Company any service fee by debiting my(our)/The Company's designated account. 9. If any exchange is involved during the transfer of fund , the Bank shall be entitled to use the exchange rate determined by the Bank itself. 10. If the information in this form has been exposed to a third party because it is not sent directly to the Bank, I(We)/The Company agree(s) to take full legal and financial responsibilities. Under no circumstance shall the Bank be held responsible. 11. The Bank reserves the right to change the above terms and conditions without prior notice to me (us)/The Company.

此欄由樂施會及銀行填寫 For Official Use Only

Debtor's Reference 檔案編號(合同號碼)	For : Branch		For : Operations Management Department		
	Verified by:	Approved by:	Inputted by:	Checked by	Approved by: