



《閱讀·夢飛翔》文化關懷慈善基金 捐款表格
Reading Dreams Foundation Limited Donation Form

謝謝你的慷慨捐助，請填妥下列表格，並寄回本基金或傳真至 (+852) 81471899

Thanks for your generous donation. Please complete the form below and return to us by post or by fax (+852) 81471899

香港粉嶺安全街 4 號
安泰工貿中心 3 樓 4 室
Unit 4, 3/F, On Tai Industrial Centre,
4 On Chuen Street, Fanling, HongKong

(內地)湖南省長沙市雨花區湘府中路
標志商務中心 D 棟 1315 室

我樂意捐款支持「閱讀夢飛翔文化關懷慈善基金」，幫助國內貧困兒童提升學習機會

I would like to make donation to the 'Reading Dreams Foundation Limited' to support and improve children education in China.

<input type="checkbox"/> 單次捐款 One-off Donation <input type="checkbox"/> HK\$2,000 <input type="checkbox"/> HK\$1,000 <input type="checkbox"/> HK\$500 <input type="checkbox"/> HK\$300 <input type="checkbox"/> 其他 Others(HK\$_____)
<input type="checkbox"/> 每月自動轉賬捐款 Monthly Autopay Donation <input type="checkbox"/> HK\$1,000 <input type="checkbox"/> HK\$500 <input type="checkbox"/> HK\$300 <input type="checkbox"/> HK\$200 <input type="checkbox"/> 其他 Others(HK\$_____)
<input type="checkbox"/> 冠名計劃捐款 Naming Donation <input type="checkbox"/> HK\$25,000(¥20,000) <input type="checkbox"/> HK\$25,000(¥20,000)以上(HK\$_____/¥_____) (冠名名稱 Naming Name : _____)
<input type="checkbox"/> 新書捐款 New Books Donation <input type="checkbox"/> HK\$3,000/¥3,000 <input type="checkbox"/> HK\$2,000/¥2,000 <input type="checkbox"/> HK\$1,000/¥1,000 <input type="checkbox"/> 其他 Others(HK\$_____/¥_____)

個人資料 Personal Information(In BLOCK LETTERS please)

中文姓名： Chinese Name:	<input type="checkbox"/> 先生 <input type="checkbox"/> 女士	英文姓名： English Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
地址： Address:			
日間聯絡電話： Daytime Tel. No.:		手提電話： Mobile Phone No.:	
電郵： Email:		傳真： Fax:	

捐款方法 Donation Methods

<input type="checkbox"/> 支票 By Cheque：支票抬頭請寫「閱讀夢飛翔文化關懷慈善基金有限公司」 Please make cheque payable to 《Reading Dreams Foundation Limited》 支票號碼 Cheque No. _____			
<input type="checkbox"/> 直接存款 By Direct Transfer：請存入匯豐銀行 Please transfer to HSBC: 400-637914-838			
<input type="checkbox"/> 每月自動轉賬 By Monthly Autopay：(只適用於每月捐款 For monthly donation ONLY)			
收款之一方(收益人) Name of Party to be Credited(The Beneficiary) 閱讀夢飛翔文化關懷慈善基金有限公司 Reading Dreams Foundation Limited	銀行編號 Bank No. 004	分行編號 Branch No. 400	收款賬戶之號碼 Account No. 637914-838
請以英文正楷填寫(In BLOCK LETTERS please) 我/我們/本公司在儲蓄/往來戶口紀錄之名稱 My/Our full name(s) of my / our savings / current account 中文姓名: _____ English Name: _____			
銀行名稱 Bank Name		銀行編號 Bank No.	分行編號 Branch No.
每月港幣捐款 Monthly Amount HK\$		我/我們本公司在儲蓄/往來戶口紀錄之簽名 My / Our Signature(s)	
此欄不用寫 For Official Use Only			
檔案編號 Debtor's Reference	以下由銀行填寫 For Bank Use		簽名式樣 Signature Verified

(每月捐款將在信用卡到期後自動延續 Monthly donation will continue automatically after card expiry until further notice)

本人/吾等現授權本人/吾等之上述銀行，根據閱讀夢飛翔文化關懷慈善基金有限公司不時給予本人/吾等銀行之指示，自本人/吾等之賬戶轉賬款項至閱讀夢飛翔文化關懷慈善基金有限公司之賬戶，直至另行通知為止，而任何一次之轉賬款項必須相等於以上所列金額。如因該等轉賬而令本人/吾等戶口出現透支或使現時透支增加，本人/吾等共同及個別承擔全部責任。本人/吾等確認本人/吾等在此申請表內之簽名，與本人/吾等轉賬用之儲蓄/往來賬戶之簽名相同，本人/吾等同意通知閱讀夢飛翔文化關懷慈善基金有限公司有關更改銀行賬戶或取消轉賬付款方式，並同意如本人/吾等之賬戶並無足夠款項支付該等授權轉賬，本人/吾等之銀行有權酌量決定不予轉賬，並可徵收慣常之收費，由本人/吾等支付。本人/吾等同意，本人/吾等取消或更改本授權書之任何通知，須最少於取消或更改生效日之前兩個工作天交予本人/吾等之銀行，並同時給予閱讀夢飛翔文化關懷慈善基金有限公司有關通知。

Until further notice I/We hereby authorize my/our above-named Bank to effect transfer from my/our account to that of Reading Dreams Foundation Limited in accordance with such instructions as my/our Bank may receive from Reading Dreams Foundation Limited from time to time provided always that the amount of any one such transfer should be exactly the amount 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 confirm that my/our signature(s) on this application form is/are the same as that/those for the operation of my/our Savings/Current Account to be debited for the transfer. I/We agree to notify Reading Dreams Foundation Limited of any change of bank account or cancellation of payment method and further 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. 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 Reading Dreams Foundation Limited.

是否需要收據 Receipt Required, 是, 收據抬頭 Yes, Name on receipt _____ 否 No

捐款滿港幣一百元以上，可憑收據申請扣減稅項。All donations of HK\$100 or above are tax deductible. (稅務局參考檔號/IRD Ref : 91/10003)

我們非常樂意跟您分享本基金會的工作進度及最新消息，若閣下不願意收到我們的刊物，請在方格內加上「X」號。

We are pleased to share with you our latest news & development on an on-going basis, if you would not like to receive any mailing from us, please 'X' the box.

所收集的個人資料將保密處理，作為寄發收據及與您通訊的用途。

The personal information collected will be treated as strictly confidential and will be used for receipt issue and/or future communication purpose.

如有查詢，歡迎致電(+852)81658935 For enquiries, please call (+852)81658935