

# 站起來捐款計劃

## Stand TALL Donation Program

我願意成為站起來的捐款者 I want to be a donor of Stand TALL.

**每月捐款 Monthly Donation :**

HK\$1,000    HK\$500    HK\$300    HK\$200    HK\$100    \_\_\_\_\_  
(其他捐款金額 Other Donation Amount)

**單一次捐款 One-off Donation :**

HK\$2,000    HK\$1,000    HK\$500    HK\$300    HK\$200    \_\_\_\_\_  
(其他捐款金額 Other Donation Amount)

### 捐款人資料 | DONOR'S INFORMATION:

姓名 Name : \_\_\_\_\_ 先生/小姐/太太 Mr/ Miss/ Mrs

地址 Address : \_\_\_\_\_

電話 Tel : \_\_\_\_\_ 傳真 Fax : \_\_\_\_\_

電郵 Email : \_\_\_\_\_

捐款者號碼(如適用) Donor No.(if applicable) : \_\_\_\_\_

如收據抬頭與上述姓名不同，請註明 If the name of the receipt is

different from the above, please state : \_\_\_\_\_

### 捐款方法 | DONATION METHOD:

可直接用支票捐款,抬頭寫“站起來有限公司”

支票可以郵寄到:香港威爾斯親王醫院

日間診療大樓暨兒童病房

5樓5K骨科日間治療中心

Donation can be payable by cheque directly in Name :

**Stand TALL Limited by post :**

**c/o Orthopaedics Ambulatory Care Centre, 5K, 5/F,  
Day Treatment Block and Children Wards,  
Prince of Wales Hospital, N.T., Hong Kong**

### 自動捐款授權書 | Direct Debit Donation Authorization Form

I authorize **Stand TALL Limited** monthly donation to help the SiChuan earthquake victims to stand tall again.

本人授權**站起來有限公司**在本人賬戶定期每月作自動捐款以幫助四川地震中的截肢病人重新站起來。

Name of party to be credited (the beneficiary) 收款之一方(受益人) <b>Stand TALL Limited</b>											
Bank No. 銀行編號	Branch No. 分行編號	Account No. to be credited 收款賬戶之號碼									
0   0   4	8   0   9	6   0   7   2   1   1   0   0   1									

1)本人/吾等現授權本人/吾等之上述銀行(根據受益人或其往來銀行不時給予本人/吾等銀行之指示),自本人/吾等之賬戶內轉賬予上述受益人。惟每次轉賬金額不得超過以上指定之金額。2)本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。3)如因該等轉賬而令本人/吾等之賬戶出現透支(或令現時之透支增加),本人/吾等願共同及各別承受全部責任。4)本人/吾等同意如本人/吾等之賬戶並無足夠款項支付該等授權轉賬,本人/吾等之銀行有權不予轉賬,且銀行可徵取慣常之收費,並可隨時以一星期書面通知取消本授權書。5)本授權書將繼續生效至另行通知為止。6)本人/吾等同意,本人/吾等取消或更改本授權書之任何通知,須於取消/更改生效日期最少兩個工作天之前交予本人/吾等之銀行。

I/We hereby authorize my/our above named 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 beneficiary and/or its banker from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated above. 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 my such transfer(s). 4) I/We agree that 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. 5) This authorization shall have effect until further notice. 6) 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

#### 注意事項 Notes :

1)你的個人資料將會絕對保密。2)站起來有限公司將運用你的個人資料作發出捐款收據,通訊,籌募本會經費及收集意見之用途。我們可能將有關資料提供予第三者供應商進行,但所有資料均絕對保密。3)若你不願意收到本會的通訊,請通知我們。

1) Your personal data will be kept confidential. 2) We shall use your personal data for issuing receipts, fostering communications, raising funds and conducting surveys for the Stand TALL Limited. We may furnish your data on a strictly confidential basis to third parties who provide service to us in relation thereto. 3) Please inform us if you prefer not to receive any further mailings from the Stand TALL Limited.

本人/吾等之銀行及分行之名稱 My/Our Bank Name and Branch		
Bank No. 銀行編號	Branch No. 分行編號	Savings/ Current Account No. 本人/吾等之儲蓄/來往戶口號碼
本人/吾等在結單/存摺上所紀錄之名稱 My/Our Name as recorded on Statement/Passbook		
本人/吾等在結單/存摺上所紀錄之地址 My/Our Address as recorded on Statement/Passbook		
香港身份證/護照號碼 HKID/ Passport Number		
捐款之限額** Limit for Donation**     HK\$		
本人/吾等之簽名(銀行戶口簽名) My/Our Signature(s) (as signed for bank account)		日期 Date

For Official use only 此欄不用填寫

債務人參考 For HHK Debtor Reference	銀行專用 For Bank Use	簽名核對 Signature verified by
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電話 Hotline: 2646 1477   傳真 Fax: 2646 9290

網址 Website: www.standtallchina.org

地址 香港威爾斯親王醫院日間診療大樓暨兒童病房5樓5K骨科日間治療中心

Address : Stand TALL Limited, c/o Orthopaedics Ambulatory Care Centre, 5K, 5/F, Day Treatment Block and Children Wards, Prince of Wales Hospital, N.T., Hong Kong