

健康快車 光明有望



PUTTING HOPE IN SIGHT

致 To: 健康快車香港基金 Lifeline Express Hong Kong Foundation
傳真 Fax: 2357-9356
地址 Address: 九龍 觀塘 開源道 54 號 豐利中心 5 樓 504 室
Rm 504, 5/F., Hewlett Centre, Hoi Yuen Rd., Kwun Tong, Kowloon

填妥此授權書後，請傳真至(852) 2357-9356 或郵寄至健康快車香港基金辦公室。After completing the form, please fax it back to us on (852) 2357 9356 or mail to Lifeline Express Office.

信用卡按月捐款授權書
CARDHOLDER'S AUTHORIZATION OF
RECURRING DEBIT TO CREDIT CARD ACCOUNT

收款之受益機構 健康快車香港基金
Payee Information: Lifeline Express Hong Kong Foundation

本人同意健康快車香港基金於下列之信用卡帳戶由_____開始每月自動扣取本人之慈善捐款 HK\$ _____ *直至_____ / 另行書面通知為止(*請刪去不適用者)。I hereby agree that **Lifeline Express Hong Kong Foundation** has the right to charge my credit card account on a monthly basis, the sum of HK\$ _____ for donation to support Lifeline Express. The donation will not be terminated *until further written notice / until _____.
(*Please delete whichever is not appropriate.)

Visa Card Master Card

持卡人姓名 Cardholder's Name: _____

信用卡號碼 Credit Card No.: _____

信用卡有效期至 Credit Card Expiry Date: _____

發卡銀行 Credit Card Issuing Bank: _____

信用卡持有人簽署 Cardholders' Signature: _____ 日期 Date: _____

收據印發 Receipt: 課稅年度 Annually 每月 Monthly 其它 Others _____
*捐款港幣 100 元或以上可憑收據申請扣減稅項 Donation of HK\$100 or above are tax deductible with a receipt.

收據抬頭 Name of Receipt: _____ 聯絡電話 Contact No.: _____

通訊地址 Address: _____

以上收集之聯絡資料只供健康快車香港基金寄發收據、募捐及通訊之用，絕對保密。如您不欲收到本機構資料，請在○內填上“X”。
The above Personal data collected by Lifeline Express Hong Kong Foundation will be kept strictly confidential. The data will be used for our receipt issuing, fund raising and communications purposes only. Please mark an "X" if you do not want to receive mailings from us.

For Official use Reference: _____

健康快車香港基金 Lifeline Express Hong Kong Foundation

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