

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

請填妥此授權書並傳真或郵寄至健康快車香港基金辦公室。Please complete the form and return it to us by fax or mail to Lifeline Express Office.

信用卡捐款授權書(每月)  
Cardholder's Authorization of  
Recurring Debit to Credit Card Account (Monthly)

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

捐款者資料 Donor's Information 捐款者號碼 Donor number: \_\_\_\_\_ (如適用 if applicable)

姓名/機構 Name/Co.: \_\_\_\_\_ (先生 Mr./女士 Ms.)

地址 Address: \_\_\_\_\_

電話 Tel: \_\_\_\_\_ 電郵 Email: \_\_\_\_\_

本人同意健康快車香港基金於下列之信用卡賬戶由\_\_\_\_\_年\_\_\_\_月\_\_\_\_日開始每月自動扣取本人之慈善捐款 HK\$ \_\_\_\_\_ 直至\*\_\_\_\_\_年\_\_\_\_月\_\_\_\_日 / 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, for the donation amount of HK\$ \_\_\_\_\_ effective from \_\_\_\_\_ until \*my further notice/\_\_\_\_\_. (\*Please delete whichever is not appropriate.)

信用卡 Credit Card:  VISA  MASTER

持卡人姓名 Cardholder's Name: \_\_\_\_\_

信用卡號碼 Credit Card No.: \_\_\_\_\_

信用卡有效期至 Expiry Date: \_\_\_\_\_

持卡人簽署 Cardholder's Signature: \_\_\_\_\_ 日期 Date: \_\_\_\_\_

收據抬頭(若與捐款者不同) Name of Receipt (if different from the donor's name): \_\_\_\_\_

收據印發 Receipt:  課稅年度 Annually  每月 Monthly  其它 Others \_\_\_\_\_  不需要收據 No receipt is needed  
\*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 is tax deductible with an official receipt.

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

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