The Fred Hollows Foundation | 護瞳行動

Thank You for Your Generous Support! 多謝您的慷慨支持!

Please return the completed form to us at Room 1005 10/F, Office Plus @ Prince Edward, 794-802 Nathan Road, Hong Kong SAR, fax to 3753 0523 or by email to hkinfo@hollows.org.

填妥後請寄回香港特別行政區九龍彌敦道 794-802 號協成行太子中心 10 樓 1005 室，傳真至 3753 0523 或電郵至 hkinfo@hollows.org

Donor's Information 捐款者資料

Supporter ID 捐款者編號:	Name in Chinese 中文姓名 ： 先生 / 女士
Surname in English 英文姓氏: Mr/Ms	First Name in English 英文名字:
Address 地址:	
Contact Number 電話:	Email Address 電郵地址:
Preferred Language 通訊語言選擇: □ English □ 中文	

Personal Information Collection Statement 個人資料收集聲明: The Fred Hollows Foundation (HK) Limited ("The Foundation") 護瞳行動

The Foundation may collect, use and store any personal information that you provide in accordance with the Foundation's privacy policy, available at www.hollows.org. The Foundation may use your personal information to: (i) process donations and provide receipts; (ii) communicate and campaign about our blindness prevention and Australian indigenous health activities, events, services and projects (including through direct marketing emails, SMS messages and phone calls); (iii) respond to questions, feedback or complaints; (v) any directly related purpose to the above activities and objectives of the Foundation. We will keep confidential your personal information at all times, except that we may provide your personal information to our holding company (The Fred Hollows Foundation), suppliers, service providers, contractors and partners, including information technology service providers, direct marketing agencies, mailing houses, cloud storage, banks and credit card companies which may be located outside of Hong Kong, as necessary to fulfil any of the above purposes of use on our behalf. You can request access to and correction of your personal information that we hold by contacting hkinfo@hollows.org. 護瞳行動根據本會的隱私政策收集、使用和存儲閣下所提供的任何個人信息。個人資料收集聲明可於護瞳行動網頁 www.hollows.org 查閱。護瞳行動可能會使用 閣下的資料作以下用途：(i) 處理閣下的捐款及提供捐款收據；(ii)通知閣下有關我們防盲項目的服務及計劃（包括透過直接推廣電郵、手機短訊及電話）；(iii)回應閣下的查詢或意見；(iv)任何與上述各項直接有關的用途。護瞳行動可能會在適用法例的規管下，以保密形式將 閣下的個人資料轉移至位於海外的護瞳行動總部、承辦商、服務供應商或護瞳行動的相關實體，包括內容設計、郵寄、印刷、電話推廣、雲端儲存、銀行服務、信用卡代理及數據處理。閣下如想申請取得及更改閣下的個人資料，可以電郵至 hkinfo@hollows.org。□ I do not agree to receive communications from The Fred Hollows Foundation and consent to the use of my personal data for this purpose. □ 我不同意接收護瞳行動之任何通訊及使用個人資料作直接相關的用途。

I would like to make a Monthly Donation 我願意每月捐助

Monthly Donation Amount 每月捐款金額: □ HK$180 □ HK$350 □ HK$500 □ Other 其他: HK$ _____

☐ **By Credit Card 信用卡付款授權書:** ☐ VISA ☐ MasterCard 萬事達 ☐ American Express 美國運通 ☐ UnionPay 銀聯

My authorization for The Fred Hollows Foundation (HK) Limited to debit the specific amount from my credit card account monthly will continue after the expiry date of the credit card and with the issuance of a new card until further notice. Subsequent transactions will normally be processed on or around the 15th day of each month. 本人授權護瞳行動每月從我的信用卡賬戶扣除指定金額，並在信用卡到期日及發行新卡後繼續，直至另行通知為止。於首次捐款後，隨後將會於每月約 15 日過賬。

Credit Card No. 信用卡號碼:	Expiry Date 到期日: (MM/YY)
Issuing Bank 發卡銀行:	
Cardholder's Name 持卡人姓名 ：	
Cardholder's Signature 持卡人簽署:	

☐ **By Direct Debit 自動轉賬授權** Subsequent transactions will normally be processed on or around the 7th day of each month.於首次捐款後，隨後將會於每月約 7 日過賬。

Name of party to be credited (Beneficiary) 收款之一方（受益人）:	Bank No. 銀行編號	Branch No. 分行編號	Account No. to be Debited 收款賬戶號碼
THE FRED HOLLOWS FOUNDATION (HK) LIMITED	**004**	**848**	**423240001**

My / Our Bank Name and Branch:本人/吾等銀行及分行之名稱:

My / Our Name(s) as record on Statement / Passbook 本人/吾等在結單/存摺上所紀錄之名稱:

Bank No. 銀行編號	Branch No. 分行編號	Account No. 賬戶號碼	HKID Card No. 香港身份證號碼

Limit for each payment/month 每月 / 次付款之限額:	My / Our Signature(s) 本人/吾等之簽名:	Date 日期:

1. I/We hereby authorize my/our designated 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 above named beneficiary from time to time. 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 any such transfer(s). 4. I/We confirm that my/our signatures(s) on this application from is/are the same as that/those for the operation of my/our Saving/Current Account to be debited for the transfer. 5. I/We agree to notify the above named beneficiary of any change of bank account or cancellation of payment method and future 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.6. The direct debit authorization shall have effect until future notice. 7. 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 the beneficiary. 1.現授權本人（等）的指定銀行，根據上述受益人不時給予本人（等）銀行的指示自本人（等）的戶口內轉賬予上述受益人。2. 本人（等）同意本人（等）的銀行毋需證實該等轉賬通知是否已交予本人（等）。3.如因該等轉賬而令本人（等）的戶口出現透支（或令現時的透支增加），本人（等）願共同及各別承擔全部責任。4.本人（等）確認本人（等）在此表格上的簽署與本人（等）用以轉賬的戶口的簽署相同。5.本人（等）同意會通知上述受益人任何銀行戶口的變更或取消交費方式，亦同意如本人（等）的戶口並無足夠款項支付該等授權轉賬，本人（等）的銀行有權不予轉賬，且銀行可收取慣常的收費。6. 直接付款授權書將繼續生效直至另行通知為止。7.本人（等）同意，本人（等）取消或更改本授權書的任何通知，須於取消/更改生效日期最少兩個工作天之前交予本人（等）的銀行。

Debtor Ref No 參考編號 *(For official use only)*	Signature verified 簽名式樣核對 *(For bank use 銀行專用)*