



更改每月捐款指示及個人資料表格

Change of Monthly Donation Instruction and Personal Particulars

請填妥此表格並傳真至 2559 6835 或以郵寄方式寄回東華三院(在信封面上寫上「東華三院簡便回郵 10 號」投寄,如在香港投寄無須貼上郵票)。
Please return the completed form by fax to 2559 6835 or by post to Tung Wah Group of Hospitals, Freepost No. 10
(No stamp required if post within Hong Kong).
(請在適用項目的空格內加上“✓”或刪去不適用者 Please “✓” or delete as appropriate)

善長芳名 Donor Name: _____ (先生 Mr./女士 Ms./小姐 Miss/太太 Mrs.)

善長編號 Donor Number: _____

第一部份 Part I

更改每月捐款計劃資料 Change of Monthly Donation Instruction for:

- 「東華之友」每月捐款計劃 Friends of Tung Wah Monthly Donation Scheme
 「杏林之友」每月捐款計劃 Medical Services Monthly Donation Scheme

請由_____ (日/月/年) 起將本人/吾等之每月捐款資料更改如下:

Please change my/our monthly donation instruction effective from _____ (dd/mm/yy) as follows:

- 每月定額捐款金額 Monthly donation amount (HKD): _____
 每月定額捐款到期日 Expiry date for monthly donation: _____ (日期 Date)
 每月定額捐款之捐款方法 Monthly donation method*
(請同時填寫信用卡/銀行自動轉賬資料 Please also complete Credit Card / Bank Autopay information)

信用卡資料 Credit Card information:

- VISA MasterCard

信用卡號碼 Credit Card Number: _____

信用卡有效期至 Credit Card Expiry Date: _____ (月 mm) / _____ 年(yy)

持卡人姓名 Cardholder's Name: _____ (先生 Mr./女士 Ms.)

持卡人簽署 Cardholder's Signature: _____

銀行自動轉賬資料 Bank Autopay information

- 附上填妥的銀行自動轉賬授權書正本 Enclose the original copy of the Direct Debit Authorization Form

(授權書可於本院網頁下載 The form is available on our website:

http://www.tungwah.org.hk/upload/Fund/News/Monthly_Donation_Change_Form.pdf)

- 本人/吾等欲取消每月捐款。 I/We would like to cancel my/our monthly donation.

*如須取消或更改每月信用卡或銀行自動轉賬捐款,請於取消或更改生效日期七個工作天前通知東華三院。

Any notice of cancellation or variation of credit card/bank autopay monthly donation shall be given at least seven working days prior to the date on which such cancellation or variation is to take effect.

第二部份 Part II

更改個人資料 Change of Personal Particulars

地址 Address: _____

電話 Tel: _____ 傳真 Fax: _____

電郵 Email: _____

本人/吾等確認上述之更改 I/We confirm the above changes:

善長簽署
Donor's Signature: _____

日期
Date: _____