

Ronald McDonald House Charities of Hong Kong

Monthly Donation Program

香港麥當勞叔叔之家慈善基金每月捐款計劃



Date 日期	Day 日/ month 月/ year 年

Monthly amount I pledge to donate to support the sick children and their families to stay in Ronald McDonald House : 我願意每月捐款支持患病兒童及其家人入住麥當勞叔叔之家的費用:

HK \$180 HK\$300 HK\$500 HK\$1000 HK\$_____ (Please specify)

Personal Particulars 個人資料

Name of Donor _____ (Mr / Ms/ Mrs)* Tel _____
 捐款人姓名 _____ (先生/小姐/女士)* 電話 _____

Address _____
 地址 _____

Email _____ Fax No. _____
 電郵 _____ 傳真 _____

Personal Information Collection Statement 個人資料收集聲明

<p>Ronald McDonald House Charities of Hong Kong (RMHC) undertakes to comply with the requirements of the Personal Data (Privacy) Ordinance to ensure that personal data kept are accurate, securely kept and used only for purposes for which they have been collected. To safeguard your interest, RMHC will only handle correspondence for the contact person/organization registered on this form. RMHC intends to use your personal data (name, telephone number, fax number, email and mailing addresses) for the purposes to let you with information of RMHC, fundraising and appeal, activities invitation as well as for survey collection. However, we cannot so use your personnel data unless we have received your consent. Upon your request at any time and at no charge, we will cease to use your personal data. You may contact us at 2947 8778 for enquiry or updating of your personal data. 香港麥當勞叔叔之家慈善基金盡力遵守《個人資料(私隱)條例》(條例)中所列載的規定, 確保儲存的個人資料準確無誤, 及有妥善的儲存方法, 並依照在收集資料時所說明的目的使用該等資料。為保障你的利益, 本慈善基金只處理填寫於本表格欄內的聯絡人/機構有關的事宜。本慈善基金將運用你的個人資料(包括你的姓名、電話、傳真、電郵及郵寄地址), 以便本慈善基金日後與你通訊、籌款、作活動邀請或收集意見的用途。倘本慈善基金未得到你的同意之前, 本慈善基金不可以使用你的個人資料。你並可以隨時要求本慈善基金停止使用你的個人資料, 費用全免。日後查閱或更新資料, 請隨時致電 29478778。</p>	
<p>Please sign at the end of this statement to indicate your agreement to such use of personal data 倘你同意本慈善基金的安排, 請於下方簽署。 Signature 簽署: _____ Name 姓名: _____ Date 日期: _____</p>	<p>Should you find such use of your personal data not acceptable, please indicate your objection before signing by ticking the box below 如你不同意本慈善基金安排, 請在簽署前於下欄加上" " 號表示。 <input type="checkbox"/> 本人不同意上述有關使用個人資料的安排。 I object to the proposed use of my personal data as stated above.</p>

AUTOPAY (DIRECT DEBIT) AUTHORIZATION 自動轉賬(直接)付款授權書

Name of Party to be Credited (The Beneficiary) 收款的一方 (收款人)	Bank No. 銀行號碼	Branch No. 分行號碼	Account No. 戶口號碼
麥當勞叔叔之家慈善基金有限公司 Ronald McDonald House Charities Hong Kong Limited	0 0 3	4 4 7	1 0 6 0 6 1 9 5

My/Our Bank Name and Branch 本人(等)的銀行及分行的名稱	Bank No. 銀行號碼	Branch No. 分行號碼	My/Our Account No. 本人(等)的戶口號碼
# My/Our Name(s) as recorded on Statement/Passbook #本人(等)在結單/存摺上所紀錄的名稱			Contact Telephone No. 聯絡電話號碼

+Limit for Each Payment /*Month *每次/月付款的限額	My/Our Address as recorded on Statement/Passbook 本人(等)在結單/存摺上所紀錄的地址
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#Name of Debtor (if other than Account Holder) #付款人名稱 (若非戶口持有人)		+My/Our Signature(s) +本人(等)的簽署 X
+Debtor Reference (to be filled by RMHC) +付款人編號 (由基金職員填寫)		
For Bank Use Only 銀行專用	Remarks	Branch Chop

1. I/We hereby authorize my/our below named Bank of effect transfers 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 and/or its banker's correspondent from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated above. 本人(等)現授權本人(等)的上述銀行，根據收款人或其往來銀行及/或代理行不時給予本人(等)銀行的指示自本人(等)的戶口內轉賬予上述收款人。惟每次轉賬金額不得超過以上指定的限額。
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. 本人(等)同意本人(等)的銀行無須證實該等轉賬通知是否已交予本人(等)。
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). 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)願共同及個別承擔全部責任。
4. I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorised, 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. 本人(等)同意如本人(等)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，並可隨時以一星期書面通知取消本授權書。
5. This direct debit authorization shall have effect until further notice or until the expiry date written below (whichever shall first occur). I/We agree that if no transaction is performed on my/our account under such authorization for a continuous period of 30 months, my/our Bank reserves the right to cancel the direct debit arrangement without prior notice to me/us, even though the authorization has not expired or there is no expiry date for the authorization. 本直接付款授權書將繼續生效直至另行通知為止或直至上列到期日為止 (以兩者中最早的日期為準)。本人(等)同意如本人(等)已設立直接付款授權的戶口連續三十個月內未有根據本授權而作出過賬的紀錄，本人(等)的銀行保留權利取消本直接付款安排而毋須另行通知本人(等)，即使本授權書並未到期或未有註明授權到期日。
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 affect. 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/更改生效日最少兩個工作天之前交予本人(等)的銀行。