



請支持我們，扶助香港有需要家庭，共建和諧社會
Please support us to foster a caring community

一次性捐款回條 One-off Donation Reply Slip

請在適當之 內填上 及於 _____ 填上適當資料。

Please tick the box and fill in the blanks, where appropriate.

捐款者資料 Donor's Information 先生 Mr. / 小姐 Miss / 女士 Ms.

捐款者 / 機構名稱 Name of Donor / Organisation:

聯絡人 Contact Person: _____

收據上之姓名 Name on Receipt: _____

電話 Tel. No. : _____

電郵 Email : _____

通訊地址 Correspondence Address:

捐款金額 Donation Amount: \$ _____

現附上以下捐款文件，如適用。

Attached the following document(s), where applicable.

銀行存款收據正本 Original Bank-in Slip

劃線支票 Crossed Cheque

(支票號碼 Cheque No: _____)

7-Eleven 便利店捐款收據正本

Original receipt issued by 7-Eleven convenience stores

捐款收據 Donation Receipt

為節省行政開支，本人 / 機構不需要收據 To save administrative cost, I / We do NOT need a receipt

請寄回收據到上述地址 Please send me a receipt to the above-mentioned address

請寄回收據到以下地址 Please send me a receipt to the address given below:

多謝 閣下支持本會，本會擬使用你的聯絡資料（如：姓名、電話、傳真、電郵及郵寄地址等）作為本會日後與你作直接促銷 / 推廣接觸之用，包括通訊、社會服務及活動推廣 / 典禮邀請或籌款等用途。

Thank you very much for your support towards the Hong Kong Family Welfare Society. We intend to use your personal data (Contact data such as name, telephone number, fax number, email and mailing address, etc.) for direct marketing / promotion of our social service and relevant activities, event invitation and fundraising.

本人同意香港家庭福利會使用本人聯絡資料於上述推廣的用途。

I AGREE Hong Kong Family Welfare Society to use my personal data for the purposes stated above.

簽署 Signature: _____

請把填妥的每月自動轉賬捐款表格連同此捐款回條寄回：

香港家庭福利會

香港灣仔軒尼詩道 130 號修頓中心 20 樓 2010 室

Please send this form together with the Direct Debit Authorisation Form to:

Hong Kong Family Welfare Society

Room 2010, 20/F., Southorn Centre, 130 Hennessy Road,

Wanchai, Hong Kong

捐款額達港幣 100 元或以上，可憑收據申請扣減稅項

Total donations of HK\$100 or above are tax deductible with official receipt.

若未能提供收據上之姓名或地址，恕不能發回捐款收據

No donation receipt will be issued if name or address on receipt is not provided.

查詢電話 Enquiry: 2527 3171