

捐款表格

Donation Form



New Life
Psychiatric Rehabilitation Association
新 生 精 神 康 復 會

From Recovery to Well-being 從復元邁向身心靈健康

請在適當位置內填上✓號
please put a ✓ in the appropriate box

捐款金額 Donation Amount

☐ HK\$300 ☐ HK\$500 ☐ HK\$1000 ☐ HK\$ _____

捐款方法 Donation Method

☐ 現金
Cash 直接存入本會匯豐銀行之戶口，並將存根電郵回本會。
Deposit into our HSBC account and email the bank-in-slip to us
戶口號碼 Account No.: 018-103598-001

☐ 支票
Cheque 劃線支票抬頭：「**新生精神康復會**」
Crossed cheque please make payable to
"New Life Psychiatric Rehabilitation Association"

☐ 信用卡
Credit Card ☐ 單次捐款
One-off
Donation ☐ 每月捐款
Monthly
Donation ☐ VISA
☐ MASTER

持卡人姓名 Card Holder's Name: _____

信用卡號碼 Card No.: _____

信用卡有效日期 Expiry Date: _____ (年Y) _____ (月M)

信用卡上之有效簽署 Card Holder's Signature: _____

每月捐款：本人現授權新生精神康復會由本人信用卡賬戶內定期扣除上述款項，直至本人另行通知為止。本人同意此授權書於本人之信用卡有效期後及續發新卡時繼續生效，並毋須另行填寫授權書。

For monthly donors: I hereby authorize New Life Psychiatric Rehabilitation Association to charge my credit card account for the amount specified in a regular manner as agreed upon by me and New Life Psychiatric Rehabilitation Association until further notice. I agree the validity of this agreement will continue before or after the expiry date of my credit card account.



網上捐款
Online Donation



傳真 Fax :
2770 9345



電郵 Email :
corporate-affairs@nlpra.org.hk



地址 Address :
香港九龍南昌街332號企業傳訊部
Corporate Affairs Department,
332 Nam Cheong Street, Kowloon,
Hong Kong

捐款者資料 Donor Information

捐款者姓名 Name of Donor : _____

機構名稱 Company Name: _____

地址 Address: _____

電話 Tel: _____ 傳真 Fax: _____

電郵 Email: _____

是否需要收據？ ☐ 是 收據抬頭
Do you need a receipt? Yes Name for Receipt: _____

☐ 否
No 捐款港幣100元以上，可憑收據申請扣稅
Donation of HK\$100 or above are tax deductible with a receipt

☐ 本人不希望接收新生精神康復會的資訊
I do not wish to receive information from New Life Psychiatric Rehabilitation Association

CA_print 23