

To: Ms. Bonnie So, Secretary General

Yes, I would like to donate and support the humanitarian service of the Hong Kong Red Cross and help the vulnerable, including CDME project for elderly suffering from chronic diseases, and the "5 Stars Health, 5 Stars Home" **as a regular giver with a monthly donation**.

HK\$ 200       HK\$ 300       HK\$ 500  
 My choice HK\$ \_\_\_\_\_ (Please specify)

No, I can't help with a donation on this occasion

**For Official Use Only**

(4087\_Acq2018/GD)

Rec'd Date

Ref. No.

**Donation Method**

**Credit Card**     VISA     MasterCard     American Express (Please send the completed form to us by mail or fax to 2802 0017)

Cardholder's name \_\_\_\_\_

Card No. \_\_\_\_\_

Expiry Date \_\_\_\_\_ MM \_\_\_\_\_ YY

Cardholder's Signature

**Bank auto-pay** (Please mail the **original donation form** to us for auto-pay set up and **sign against any alterations you make on this form**)

Name of the Party to be credited (The beneficiary) 香港紅十字會 Hong Kong Red Cross	Bank No.   0   0   4	Branch No.   5   0   0	Account No.   3   3   4   1   4   9   0   0   9
My/Our Bank Name and Branch	Bank No.	Branch No.	My/ Our Account No.
My/Our Name(s) as recorded on Statement/Passbook			
My/Our Address as recorded on Statement/Passbook			
Limit for Each Monthly Donation * If "Limit for Each Donation" is not specified, the debtor's bank will set the limit as "unlimited" HK\$	My/Our Signature(s) * same signature of your bank account holder(s)		Date

For official use only	HKRC Debtor Ref. (Donor Ref.) No.	For Bank Use	Signature Verified
-----------------------	-----------------------------------	--------------	--------------------

1) I/We hereby authorise my/our above named Bank to 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. 2) I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer or reversal notice 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 understand that I/we must maintain sufficient funds in the account one business day (before the close of branch banking hours) before the transfer date (as specified in the instructions received by my/our Bank from the beneficiary and/or its banker and/or its banker's correspondent from time to time) for the transfer authorised herein. I/We agree that should there be insufficient funds in my/our account to meet any transfer authorised herein, my/our Bank will be entitled, at its absolute discretion, not to effect such a transfer in which event the Bank may levy its usual charges and may cancel this authorisation at any time without notification to me/us. For the avoidance of doubt, the Bank may cancel this authorisation at its sole discretion at any time without prior notice. 5) This direct debit authorisation shall have effect until further notice or until the expiry date written above (whichever shall first occur). I/We agree that if no transaction is performed on my/our account under such authorisation 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 authorisation has not expired or there is no expiry date for the authorisation. 6) I/We agree that any notice of cancellation or variation of this authorisation 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.

**Donor's Information**

Name	(先生 / 女士) (Mr / Ms)	(中文) (Eng)	Donor No. (if applicable)
Address	Tel		
	Fax		
	Email		

If the name of the receipt is different from the above, please state: \_\_\_\_\_

Please choose preferred language for communications:       中文       English

**Personal Information Collection Statement**

Hong Kong Red Cross undertakes to comply with the requirements of the Personal Data (Privacy) Ordinance to ensure that personal data kept are accurate and securely kept. To safeguard interest of our data subject, Hong Kong Red Cross collects personal data from you for the purposes of handling donations, issuing receipts, and registration, and will only use your personal data for such purposes and promotion purposes (as defined below).  
 Hong Kong Red Cross may use your personal data (name, telephone number, fax number, email and mailing addresses) for the purposes of providing you with information of the Hong Kong Red Cross, fundraising appeal, activities invitation as well as for feedback collection and related promotion purposes. However, we cannot use your personal 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 for promotion purposes. You may contact us at 2802 0016 for enquiry or the updating of your personal data.

**Please sign at the end of this statement to indicate your agreement to such use of personal data as the left**

Should you find such use of your personal data not acceptable, please indicate your **objection** before signing by ticking the box below.  
 I **object** to the proposed use of my personal data as stated above.

Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

Please complete and return this form to: Hong Kong Red Cross Headquarters, 19 Hoi Ting Road, West Kowloon

Tel: 2802 0016    Fax: 2802 0017    Email: [crd@redcross.org.hk](mailto:crd@redcross.org.hk)    Website: [www.redcross.org.hk](http://www.redcross.org.hk)

*Thank you so much for helping us protect the vulnerable*