

本人支持「奧迪慈善基金」推動聽覺保健教育，及協助弱聽社群締造一個無障礙與平等共融的環境！I support Otic Foundation to promote hearing health education, and help create a barrier-free, equal and inclusive environment for the hearing impaired community.

凡捐款港幣一百元或以上可獲發免稅收據。

Official receipt will be issued for donation of HK\$100 or above for tax exemption.

每月捐款 Monthly Donation

- 本人願意成為「奧迪之友」，每月定額捐款

I want to become a member of "Friends of Otic" and donate monthly

HK\$2,000 HK\$1,000 HK\$500 HK\$200 HK\$ _____

本人授權「奧迪慈善基金」於本人的信用卡戶口扣除每月捐款額。此授權於本人之信用卡到期再續後仍繼續生效，直至另行通知。

I authorise Otic Foundation to debit the monthly donation amount from my credit card account. Such authorisation shall remain in force after the expiry and renewal of my credit card, until Otic Foundation receives notice to the contrary.

單次捐款 One-off Donation

- 本人願意作單次捐款 I want to make a one-off donation

HK\$5,000 HK\$2,000 HK\$1,000 HK\$600 HK\$ _____

捐款方法 Donation Method

- 信用卡 By credit card #+: VISA 萬事達卡 MasterCard

持卡人姓名 Cardholder's name: _____

信用卡號碼 Card no.: _____

有效期至 Expiry date: _____ (MM)月 Month _____ (YY)年 Year

持卡人簽名 Cardholder's signature:

- 劃線支票（抬頭為「奧迪慈善基金會有限公司」）*

By crossed cheque (payable to "Otic Foundation Limited")

(只適用於單次捐款 For one-off donation only)

支票號碼 Cheque no.: _____

- 直接存款 By direct transfer *

(只適用於單次捐款 For one-off donation only)

銀行名稱 Bank name: 恒生銀行 Hang Seng Bank

戶口號碼 Account no.: 775-022239-001

戶口名稱 Account name: 奧迪慈善基金會有限公司

Otic Foundation Limited

捐款人資料 Donor Details

姓名(先生/小姐/女士) Name (Mr/Miss/Ms): _____
(姓氏 Surname) (名 Given Name)

香港身份證/護照號碼 HKID / Passport no.: _____

捐款人編號(如適用) Donor no. (if applicable): _____

聯絡電話 Contact no.: _____ 電郵 Email: _____

地址 Address: _____

信用卡捐款將在收到此表格後約10工作天生效。每月捐款將於每月15日左右過數，捐款者將於每年4月獲發免稅收據一次。每項信用卡捐款，服務公司將向「奧迪慈善基金」收取手續費。Donation by credit card will take effect on or about the 10th business day after receipt of this form. For monthly donations, credit card transactions will be processed on or about the 15th day of each month, and official receipt will be issued in April of each year. For every credit card donation, the service provider will levy a service charge on Otic Foundation.

+ 如選用信用卡捐款，可將此表格傳真至3622 1210。If credit card donation is selected, you may fax this form to 3622 1210.

* 請將此表格連同捐款（劃線支票或銀行存款收據正本）寄回「奧迪慈善基金」辦事處。Please send this form, together with your cheque or original bank deposit slip, by post to Otic Foundation.

收集所得的個人資料將保密處理，只作為寄發收據及與閣下通訊之用。若閣下不願意收到「奧迪慈善基金」任何通訊，請聯絡我們。Any personal data collected will be treated as strictly confidential and will be used for issuing receipts and other communications with you. Kindly contact us if you do not wish to receive further correspondence from Otic Foundation.