

信用卡每月捐款表格

Credit Card Monthly Donation Form

A. 支持項目 Supporting Items

- 兒童服務 Children Service 醫療服務 Medical Service 青年服務 Youth Service 事工發展 Ministry Development
 社區發展服務 Community Development Service 家庭服務 Family Service 其他 Others : _____

B. 支持金額 Supporting Amount ¹

- HK\$3,000 HK\$2,000 HK\$1,000 HK\$500 HK\$300 其他 Others : HK\$ _____

C. 捐款者資料 Donor Information

姓名／機構名稱 Name/ Organization's Name : _____ (先生／小姐／女士 Mr/ Miss/ Ms)

信仰 Religion (如適用 if applicable) : _____ 所屬教會 Church (如適用 if applicable) : _____

機構聯絡人 Contact Person of Organization (如適用 if applicable) : _____ (先生／小姐／女士 Mr/ Miss/ Ms)

捐款者編號 Donor No. (如適用 if applicable) : _____

地址 Address : _____ 電話 Tel : _____

電郵 Email : _____ Facebook Account : _____

- 本人同意密匠生命事工使用本人之個人資料, 以便向本人作傳遞服務通訊、活動宣傳及籌款募捐之用。

I agree that my personal information could be used by Metta for communications with me of updated news and events or for fundraising purpose.

D. 信用卡資料 Credit Card Information

持卡人姓名 Cardholder Name : _____ Visa Mastercard

信用卡號碼 Credit Card Number : _____ - _____ - _____ - _____

持卡人簽署 Authorized Signature : _____ 有效日期至 Card Valid Until : _____

本人現授權密匠生命事工有限公司由本人之信用卡賬戶內定期扣除上述之賬款，直至本人另行通知為止。

I hereby authorize Metta Mission & Community Ministry Limited to charge my credit card account for the amount specified in a regular manner as agreed upon by me and Metta Mission & Community Ministry Limited until further notice.

備註 Remarks:

1. 捐款 HK\$100 或以上將獲發捐款收據。A donation receipt will be issued for donation of HK100 or above.
2. 本會將於每年財政年度完結時發出年度捐款收據予每月捐款者。A yearly donation receipt will be issued to the monthly donors at the end of each financial year.
3. 請將表格郵寄至九龍觀塘海濱道 139-141 號海濱中心 10 樓。Please return this form and send to 10/F, Seaview Centre, No. 139-141 Hoi Bun Road, Kwun Tong, Kowloon.
4. 如有任何查詢，請電郵 public@metta.org.hk。Should there be any enquiry, please send email to public@metta.org.hk.