

—— 高危青少年的前途全賴有您 ——
You can give at-risk youth a future

加入「協青之友」行列 Join the "Friends of YO"

歡迎您成為「協青之友」，支持高危青少年遠離不良份子。您每捐助\$500，便可以幫助一位深宵流連的高危青年遠離街頭。（請在合適的方格內加上✓號）

Welcome and thank you for joining "Friends of YO" to reach out to the at-risk youth and keep them from the undesirables.

A donation of \$500 can help one at-risk youth to stay away from the streets. (Please "✓" at appropriate box)

捐款者資料 Information of the Donor

請使用正楷填寫 Please write in BLOCK LETTERS

姓氏 Surname _____ 名 Given name _____

稱謂 Title 先生 Mr. 太太 Mrs. 小姐 Miss 女士 Ms. 聯絡電話 Contact No. _____

收據抬頭 Name on receipt: 同上 The same 其他 (請註明) Other (Please note) _____

地址 Address _____

電郵 E-mail _____

捐款資料 Donation Information

本人樂意捐款以下，以支持協青社服務 I would like to make a donation to support the service of Youth Outreach:

本人定期捐款 Monthly Donation 每月捐款金額 Monthly Donation Amount: HK\$1,000 HK\$800 HK\$500 HK\$200 HK\$ _____

本人增加現時的每月定期捐款額 Increase my regular monthly donation amount

現時的定期捐款額 Existing monthly donation amount	HK\$	+ 增加捐款額 Increased donation amount	HK\$	新的定期捐款額 New monthly donation amount	HK\$

捐款方法 Donation Method

1. 信用卡 Credit Card Visa AMEX Master Card

信用卡號碼 Credit Card No. _____ - _____ - _____

* 信用卡屆滿日期 Card Expiry Date _____ (月MM) _____ (年YY)

持卡人簽署 Cardholder Signature _____

* (每月/季度/年度捐款者適用) 本人授權協青社由本人之信用卡戶口轉帳上述指定金額作每月/季度/年度。此授權在本人之信用卡有效期過後及獲發新卡後仍繼續生效，直至另行通知。有效日期最少兩個月內有效。

*(For Monthly/Quarterly/Annually Donor) The authorization for Youth Outreach to debit the specified amount monthly/quarterly/annually from my credit card account will continue after the expiry date of the credit card and with the issuance of a new card until further notice. Expiry date is valid for at least two months.

2. 每月/季度/年度自動轉帳 Monthly/Quarterly/Annually Autopay

請填妥下面的「直接付款授權書」 Please fill in the below "Direct Authorization" form.

直接付款授權書 DIRECT DEBIT AUTHORIZATION

聲明 Declaration

1. 本人(等)現授權本人(等)的上述銀行，(根據收款人或其往來銀行及/或代理行不時給予本人(等)銀行的指示)自本人(等)的戶口內轉賬予上述收款人。惟每次轉賬金額不得超過以上指定的限額。I/We hereby authorize 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. 本人(等)同意本人(等)的銀行毋須證實該等轉賬通知或沖銷通知是否已交予本人(等)。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. 如因該等轉帳而令本人(等)的戶口出現透支(或令現時的透支增加)，本人(等)願共同及個別承擔全部責任。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. 本人(等)同意如本人(等)的戶口並無足夠款項支付該等授權轉帳，本人(等)的銀行有權不予轉帳，且銀行可收取償常的收費，並可隨時以一星期書面通知取消本授權書。I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorization at any time on one week's written notice.

5. 本直接付款授權書將繼續生效直至另行通知為止或直至上列到期日為止(以兩者中最早的日期為準)。本人(等)同意如本人(等)已成立的直接付款授權的戶口連續三十個月內未有根據本授權而作出過賬的紀錄，本人(等)的銀行保留權利取消本直接付款安排而毋須另行通知本人(等)，即使本授權書並未到期或有註明授權到期日。This direct debit authorization 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 authorization 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 authorization has not expired or there is no expiry date for the authorization.

6. 本人(等)同意，本人(等)取消或更改本授權書的任何通知，須於取消/更改生效日最少兩個工作天前交予本人(等)的銀行。I/We agree that any notice of cancellation or variation of this authorization 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.

協青社 Youth Outreach					
銀行編號 Bank No.	分行編號 Branch No.	收款賬戶之號碼 Account No. to be credited			
0 0 4	4 5 1	1 3 3 7 2 2 0 0 1			
本人(等)之銀行及分行名稱 My/Our Bank Name and Branch			本人(等)在結單/存摺上所紀錄之名稱 (請以英文正楷填寫) My/Our Name as record on Statement/Passbook (in Block Letters)		
銀行編號 Bank No.	分行編號 Branch No.	本人(等)之賬戶號碼 My/Our Account No.			
本人(等)之簽名 My/Our Signature(s)					日期 Date
本人(等)在結單/存摺上所紀錄之地址 My/Our Address as recorded on Statement/Passbook					
每月/季度/年度港幣捐款 Monthly/Quarterly/Annually Autopay HK\$					由本會填寫 For Youth Outreach Only
以下由銀行填寫 For Bank Use Only					銀行確認簽名式樣 Signature Verified

注意：如無填寫，此直接付款授權書將無限期有效直至另行通知及到期日必須大於三個月。
Note: If blank, this authorization shall have effect until further notice and Expiry Date should be greater than 3 Months.

個人資料收集聲明 Personal Information Collection Statement

我們希望您定期匯報協青社的服務進展，您的個人資料絕對保密，只用作收取本會會訊、籌款 / 活動推廣及意見收集等用途。
We hope to keep you informed of the progress of Youth Outreach's services. Your personal information will remain confidential as it will be used only for the delivery of our Newsletter, materials on fundraising events, promotion of activities as well as for collecting feedback.

- 請以✓表示：本人 同意 / 不同意 協青社向我提供上述資訊。
Please "✓" to indicate: I agree / disagree Youth Outreach to provide the above information.
- 本人欲以 郵寄 / 電郵收取協青社資訊。
I would like to receive Youth Outreach information by post / by e-mail.
如閣下未有作出任何回覆，本會將以電郵繼續向閣下發出以下資訊。
If no reply on this, we will keep you informed by email.

備註 Remarks

- 所有港幣壹佰元以上之捐款均獲發收據及可退稅。 Receipts are issued for all donations over HK\$100 and are tax deductible.
- 每月捐款收據會於每年3月份財政年度後發出。 Official Receipt for monthly donation will be issued after March at the end of the Financial Year.
 - 請填妥表格連同劃線支票、入數紙、櫃員機收據或交易紀錄郵寄、傳真(2804 8623) 或掃描副本電郵 (yodonation@yo.org.hk) 或WhatsApp
 - (9499 7705) 至本會，以便發出收據。 Please complete this form together with crossed cheque / bank in slip / ATM transfer slip / transaction record by mail, fax (2804 8623) or e-mail (yodonation@yo.org.hk) or WhatsApp (9499 7705) for an official receipt.
 - 如欲查詢更多捐款內容，可瀏覽<https://www.yo.org.hk/zh/donation-faq>
For more information, please browse <https://www.yo.org.hk/zh/donation-faq>

查詢 Enquiry

協青社 - 籌募及傳訊部 | 香港西灣河聖十字徑2號協青社賽馬會大樓5樓
Youth Outreach - Fundraising & Communication | 5/F, Youth Outreach Jockey Club Building, 2 Holy Cross Path, Sai Wan Ho, HK
電話 Tel: 2513 0026 傳真 Fax: 2804 8623 查詢電郵 Enquiry email: frcenquiry@yo.org.hk WhatsApp: 9499 7705



24小時熱線：9088 1023

Please help saving money for at-risk youth by affixing stamp on this envelope! Thanks!

若您把此信貼上郵票將有助本會減低行政費用，以致運用更多善款幫助高危青年！謝謝！

POSTAGE
WILL BE
PAID BY
LICENSEE
郵費由持
牌人支付

CHW.SKN01

NO POSTAGE
STAMP
NECESSARY IF
POSTED IN
HONG KONG
如在本港投寄
毋須貼上郵票

BUSINESS REPLY SERVICE LICENCE NO.
商業回郵牌號：6682

YOUTH OUTREACH
2 Holy Cross Path
Sai Wan Ho
Hong Kong

Please fold and seal here

Please fold and seal here

Please fold and seal here