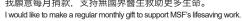
無國界醫生每月捐款表格計劃

MEDECINS SANS FRONTIERES MONTHLY DONATION



我願意每月捐款, 支持無國界醫生救助更多生命。





如果你是歐盟成員國的公民,又或現正居住於或身處於歐盟成員國,請到我們網站(msf.hk/eudonationform)下載另一份表格填寫。如果你不是以上 的情況, 請直接填寫以下表格。謝謝。

If you are an EU citizen, or if you are residing or currently located in an EU Member State, please go to our webpage (msf.hk/eudonationform) to download another form for submission. If you are not, please fill in the form below. Thank you.

捐款金額 DONATION AMOUNT



-年間可提供足夠的即食營養治療食品給



一年間可為 218 名流離失所者提供三個



一年間可為 2,500 名兒童注射麻疹疫苗,

60 名兒童作一周的治療。 in a year could help MSF provide en- ready-to-use therapeutic food to 60 of for a one week's treatment.		in a year could prov	月基本藥物及醫療物資。 in a year could provide 3-month emergency health care to 218 displaced persons.			防止致命麻疹爆發。 in a year could help MSF vaccinate 2,500 children against measles to prevent a deadly outbreak.		
其他每月金額 Other monthly 捐款港幣一佰元或以上可扣減稅款。Dor								
捐款者資料 DONOR'S INF	ODMATION					ONLINE CORP OO 2021		
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,	, , , , , ,		,	,	G,	香港 HK / 九龍 KLN / 新界 NT		
(屋苑/	街道 Estate/Street)			(地區 District)				
公司網站 Company Website :	· · · · · · · · · · · · · · · · · · ·			性質 Nature of Business :				
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通訊語言 Preferred Language: 無國界醫生對你個人私隱保障的承諾: 據發送及與捐款相關的通訊用途。所有 為與你保持聯繫、我們可能會使用你的 Insubscribe@hongkong.msf.org, 通知	資料的使用均嚴格達 固人資料,向你提供	望守我們不時更新的私隱聲明, 共無國界醫生救援工作的資訊及	詳列於我們的網站 ht 及活動消息、發出籌款呼	tps://msf.hk/ 呼籲及收集意見。你可以隨		及我們委託的服務提供者用作捐款處理、收 或電郵至		
o receive such information by contacti 到有興趣收到有關遺產捐贈的資 再月捐款方法 MONTHLY I 信用卡 BY CREDIT CARD 本人授權無國界醫生香港辦事處每月由2	資訊。I am intere DONATION I Visa	wested in receiving information METHODS MasterCard America	ntion about legacy g	iving.		nd communications from MSF-HK. (用於約於氣月15日福數。		
	ted from my credit of	card every month. My authoriza	ation for Médecins Sans	Frontières Hong Kong to	debit the speci	fied amount from my credit card account		
後卡銀行 Card Issuing Bank :						·		
信用卡號碼 Card No.:								
持卡人姓名 Cardholder's Name:								
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銀行戶口每月自動轉賬 BY DII 请填妥以下直接付款授權書,並將正本 Please complete the Direct Debit Autho	寄回香港西環德輔道	西 410-418 號太平洋廣場 22	樓無國界醫生。			y, cheque can be made payable to "Medecins Sans Frontieres". ease sign against any amendment(s) / correction(s). Sai Wan, Hong Kong.		
Name of party to be credited (the Beneficia 收款之一方 (受惠機構)	. 1	No. 銀行編號 Branch No. 分行編	1	be credited 收款賬戶之號碼	1 1	Limit for each Monthly Payment 每月付款之限		
MEDECINS SANS FRONTIERES 無國界醫生組織(香港)有限公司	(HK) LTD 0	0 4 5 1	1 1 1 9	0 3 4 -	0 0 5			
My/Our Bank Name and Branch 本人 / 吾等之銀行及分行之名稱	Bank No	. 銀行編號 Branch No.分行編號	My/Our Account No. 本	(/吾等之賬戶之號碼		y/Our Name as recorded on Statement/Passbook 人 / 吾等在結單 / 存摺上所紀錄之名稱		
My/Our Address as recorded on Statemer	t/Passbook 本人 / 吾	吾等在結單 / 存摺上所紀錄之地:	址 HKI	D No. 香港身份證號碼		y/Our Signature(s) (as signed for bank account) 人 / 吾等之簽名 (銀行戶口簽名)		
- 40 L L L L L L L L L L L L L L L L L L								
For official use only 此欄由本會職員填寫 MSF Debtor Reference Number [無國界醫	生]債務人參考	For Bank Use 供銀	限行専用 Sign	ature Verified 簽名式樣核對	Da	ate 日期		
any one such transfer shall not exceed the limit indicated existing overdraft on my/our account which may arise as event the Bank may make the usual charge and that it may	above. 2. I/We agree that my a result of any such transfer(y cancel this authorisation a	y/our Bank shall not be obliged to ascertain (s). 4. I/We agree that should there be insuff it any time on one week's written notice. 5.	n whether or not notice of any sucl ficient funds in my/our account to This authorisation shall have effec	n transfer has been given to me/us. 3. meet any transfer hereby authorised, it until further notice. 6. I/We agree that	I/We jointly and seve my/our Bank shall be at any notice of cance	s banker from time to time provided always that the amount of rally accept full responsibility for any overdraft or increase in entitled, in its discretion, not to effect such transfer in which lilation or variation of this authorisation which I/we may give to the operation of my/our Savings/Current Account to be debite		

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Kon can help us save lives.

