

# 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。

I would like to make a regular monthly gift to support MSF's lifesaving work.



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

|  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>HK\$200</b> 每月 per month   | <input type="checkbox"/> <b>HK\$300</b> 每月 per month   | <input type="checkbox"/> <b>HK\$500</b> 每月 per month   |
| 一年間可提供足夠的即食營養治療食品給60名兒童作一周的治療。<br>in a year could help MSF provide enough ready-to-use therapeutic food to 60 children for a one week's treatment. | 一年間可為218名流離失所者提供三個月基本藥物及醫療物資。<br>in a year could provide 3-month emergency health care to 218 displaced persons. | 一年間可為2,500名兒童注射麻疹疫苗，防止致命麻疹爆發。<br>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 amount **HK\$**

捐款港幣一百元或以上可扣減稅款。Donations of HK\$100 or above are tax deductible.

## 捐款者資料 DONOR'S INFORMATION

ONLINE\_CORP\_OO\_2021

|   |   |
|---|---|
| 公司 Company:   | 捐款者編號 Donor Number: (如適用 If applicable) |
| 聯絡人姓名 Contact Person:   | 聯位 Job Title:                           |
| 聯絡電話 Contact No.:   | 電郵 Email:                               |
| 地址 Address:   |   |
| (室 Flat/Room) (樓 Floor) (座 Block/Tower) (大廈 Building)                                 | 香港 HK / 九龍 KLN / 新界 NT                  |
| (屋苑/街道 Estate/Street) (地區 District)   |   |
| 公司網站 Company Website:   | 業務性質 Nature of Business:                |
| 通訊語言 Preferred Language: <input type="checkbox"/> 中文 <input type="checkbox"/> English |   |

無國界醫生對你個人私隱保障的承諾：我們絕不會出售或與任何公司/機構交換你的個人資料。你所提供的資料絕對保密，只會被無國界醫生（香港）及我們委託的服務提供者用作捐款處理、收據發送及與捐款相關的通訊用途。所有資料的使用均嚴格遵守我們不時更新的私隱聲明，詳列於我們的網站 <https://msf.hk/> 為與你保持聯繫，我們可能會使用你的個人資料，向你提供無國界醫生救援工作的資訊及活動消息、發出籌款呼籲及收集意見。你可以隨時以郵寄方式或電郵至 [unsubscribe@hongkong.msf.org](mailto:unsubscribe@hongkong.msf.org)，通知我們停止接收有關資訊。 我不願意收到上述有關無國界醫生的通訊及資料。

Our promise to protect your privacy: Médecins Sans Frontières Hong Kong (MSF) promise not to sell, share or swap your personal information with any other company/ organisation. The information you provide will be treated as strictly confidential and used in accordance to our prevailing Privacy Policy, found on our website <https://msf.hk/en> In order to stay in contact with you, we may use your personal information to inform you about MSF's relief work and activities, and conduct fundraising appeals and surveys. You may opt out to receive such information by contacting us via post or email: [unsubscribe@hongkong.msf.org](mailto:unsubscribe@hongkong.msf.org)  I do not wish to receive such materials and communications from MSF-HK.

我有興趣收到有關遺產捐贈的資訊。I am interested in receiving information about legacy giving.

## 每月捐款方法 MONTHLY DONATION METHODS

信用卡 BY CREDIT CARD  Visa  MasterCard  American Express

本人授權無國界醫生香港辦事處每月由本人之戶口轉賬上述指定金額。此授權在本人信用卡之有效期間後及獲發新卡後仍繼續生效，直至另行通知。信用於約於每月15日過數。  
I understand that this amount will be debited from my credit card every month. My authorization for Médecins Sans Frontières Hong Kong to debit the specified amount from my credit card account monthly will continue after the expiry date of the credit card and with the issuance of a new card until further notice. Credit card donations are processed around the 15th day of each month.

|                          |   |
|--------------------------|---|
| 發卡銀行 Card Issuing Bank:  |   |
| 信用卡號碼 Card No.:          |   |
| 持卡人姓名 Cardholder's Name: |   |
| 信用卡有效期日期 Card Expiry:    | / (月MM/年YY) 持卡人簽署 Cardholder's Signature: |

## 銀行戶口每月自動轉賬 BY DIRECT DEBIT

\* 如欲即時捐款，可連同表格一起寄上支票，抬頭請寫「無國界醫生」。If you would like to donate immediately, cheque can be made payable to "Médecins Sans Frontières".  
請寄回表格正本，表格上的資料如有任何更改，請在旁簽名以示確認。Only original form can be accepted. Please sign against any amendment(s) / correction(s).

請填妥以下直接付款授權書，並將正本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。

Please complete the Direct Debit Authorization form below and post the **original copy** to MSF, 22/F, Pacific Plaza, 410-418 Des Voeux Road West, Sai Wan, Hong Kong.

|   |                                 |                    |                                    |  |
|---|---------------------------------|--------------------|------------------------------------|--|
| Name of party to be credited (the Beneficiary) 收款之一方 (受惠機構)             | Bank No. 銀行編號                   | Branch No. 分行編號    | Account No. to be credited 收款賬戶之號碼 | Limit for each Monthly Payment 每月付款之限額                               |
| MEDECINS SANS FRONTIERES (HK) LTD<br>無國界醫生組織(香港)有限公司                    | 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. 本人 / 吾等之賬戶之號碼   | My/Our Name as recorded on Statement/Passbook 本人 / 吾等在結單 / 存摺上所記錄之名稱 |
| My/Our Address as recorded on Statement/Passbook 本人 / 吾等在結單 / 存摺上所記錄之地址 |                                 |                    | HKID No. 香港身份證號碼                   | My/Our Signature(s) (as signed for bank account) 本人 / 吾等之簽名 (銀行戶口簽名) |
| For official use only 此欄由本會職員填寫   |                                 |                    |                                    | Date 日期  |
| MSF Debtor Reference Number (無國界醫生)債務人參考                                |                                 | For Bank Use 供銀行專用 | Signature Verified 簽名式樣核對          |  |

1. I/we hereby authorise my/our above named Bank to effect transfers from my/our account to that of the named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary and/or its banker 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 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 agree that should there be insufficient funds in my/our account to meet any transfer hereby authorised, 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 authorisation at any time on one week's written notice. 5. This authorisation shall have effect until further notice. 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. 7. I/we confirm that my/our signature(s) on this application form is/are the same as that/those for the operation of my/our Savings/Current Account to be debited for the transfer.

1. 本人/吾等現授權本人/吾等之上述銀行，根據受惠機構或其往來銀行不時給予本人/吾等銀行之指示，自本人/吾等之賬戶內轉賬予上列之受惠機構。惟每次轉賬金額不得超過以上指定之限額。2. 本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。3. 如因該等轉賬而令本人/吾等之賬戶出現透支或令現時之透支增加，本人/吾等願共同及各別承擔全部責任。4. 本人/吾等同意知本人/吾等之賬戶並無足夠款項支付該等授權轉賬，本人/吾等之銀行有權不予轉賬。且銀行可收取備常之收費，並可隨時以一星期書面通知取消本授權書。5. 本授權書將繼續生效直至另行通知為止。6. 本人/吾等同意，本人/吾等取消或更改本授權書之任何通知，須於取消/更改生效日最少兩個工作天前交予本人/吾等之銀行。7. 本人/吾等確認本人/吾等在此表格上的簽署與本人/吾等用以轉賬的戶口的簽署相同。

注意事項 Note: \* 銀行處理首次捐款需時約兩個月。捐款於每月第二個工作天過數。It takes around two months for the bank to process your first donation. Donations through direct debit are processed on the 2nd working day of each month.

感謝您的慷慨捐助! Thank you for your generosity!

捐款熱線 Donation Hotline | (852) 2338 8277 傳真 Fax | (852) 2304 6081 電郵 Email | [donation@hongkong.msf.org](mailto:donation@hongkong.msf.org) 網址 Website | [msf.hk](http://msf.hk)  
地址 Address | 香港西環德輔道西 410-418 號太平洋廣場 22 樓 22/F, Pacific Plaza, 410-418 Des Voeux Road West, Sai Wan, Hong Kong

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WILL BE PAID  
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牌人支付

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太平洋廣場  
無國界醫生  
22樓  
410至  
418號

**MEDECINS SANS FRONTIERES**  
22/F, PACIFIC PLAZA  
410-418 DES VOEUX ROAD WEST  
SAI WAN, HONG KONG

**有您，我們能救**  
*You can help us save lives.*



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