捐款表格

Donation Form



本人/本機構 樂意捐助澳門明愛 I / this organization will be pleased to donate to Caritas Macau

受惠對象:* □最迫切需要的服務對象 □國際緊急援助 □澳	門明愛所推動的慈善工作 □其他
Target: * ☐ Those with most urgent needed ☐ International Emergency Response ☐ Charity Work promoted by Caritas Macau ☐ Other	
捐助人之個人資料 Donor profile	
稱謂 Title 口先生 Mr. 口女士 Ms.	
姓名 Name / 機構名稱 Organizatoin(中文)* Chinese Name	
姓名 Name / 機構名稱 Organizaton(英文)* English Name	
聯絡電話 Contact Tel No. * 電郵 Email	
通訊地址 Mailing Address	
揭助金額 * Donation amount	
□ 本人願意 每月 定期捐款予澳門明愛。	
I would like to donate on a monthly basis:	
澳門幣	
□ 本人願意作 一次性 捐款予澳門明愛。	
I would like to make a one-time donation of the following amount:	
□ 成為「明愛之友」,支援澳門明愛的各項服務及世界性的救援工作。稍後會有專人聯絡閣下有關申請手續事宜。 Become a "Friend of Caritas", to support all of Caritas Macau's services and worldwide relief efforts. We will contact you regarding the application	
procedure.	
□ 同意接收「澳門明愛」之資訊,包括明愛通訊、籌款活動信息、緊急救援呼籲等。	
l agree to receive information from Caritas Macau, included Caritas Newsletter, fundraising activities info, emergency relief calls, etc.	
揭助方式* Ways of donation	
□ 信用卡捐款 By credit card	□ 存入銀行 Deposit in the bank
本人同意「澳門明愛」使用本人以下之信用卡資料作捐款用途:	存入以下銀行之「澳門明愛」戶口:永亨銀行、國際銀行、 匯業銀
I consent to the use of the below mentioned data for donation purposes by Caritas Macau \circ	行、中國工商銀行(澳門)、 澳門商業銀行(以上銀行有「澳門明愛」
□ VISA □ MASTER □ 銀聯	專用入數紙)及中國銀行澳門分行,請把入數紙連同本 捐款表格 傳
持卡人姓名 Name of card holder:	真至 (853) 2855 4049 或電郵至 fin@caritas.org.mo.
發卡銀行 Issuing bank:	Bank in to Weng Hang Bank; Luso-International Bank; Delta Bank; ICBC; BCM (the aforementioned banks have specific "Caritas Macau" deposit slips) and Bank of China Macau Branch. After the sum has been deposited to the aforementioned bank(s), please facsimile the deposit slip together with the donation form to (853) 2855 4049 or email to
信用卡號碼 Credit card number:	
有效期至 Expiry date:	
持卡人簽署 Signature of cardholder:	fin@caritas.org.mo.
□ 劃線支票 By crossed cheque	□ 銀行自動轉帳 (僅適用於中國銀行澳門分行戶□持有人)
支票號碼 Cheque Number	Bank Auto Payment (applicable to account holders of Bank of China
支票抬頭請寫「澳門明愛」,連同本 捐款表格 寄回澳門明愛,地址:	Macau Branch only) 將有專人聯絡閣下填寫 自動轉帳授權書 。
澳門岡頂前地1號 A。 Please make cheque payable to "Caritas de Macau", return together with	You will be contacted to fill out a form to authorize auto payment.
this donation form to Caritas Macau, 1A, Largo de Santo Agostinho, Macau.	
需要開發收據 Is a receipt required * 是 Yes □ 否 No □	個人資料聲明 Declaration of Personal Data:
收據抬頭人 Receipt should be made payable to *:	澳門明愛將使用您的個人資料作處理捐款及通訊之用途。 Caritas Macau will use your personal data for the purpose of donation and delivering
	Caritas activities information. 2. 根據澳門個人資料保護法,您有權查閱、更正及要求刪除有關您的個人資料,請以書
郵寄地址 Mailing address * :	面形式通知澳門明愛。通知信件可傳真至(853) 2855 4049. According to the Macau Personal Data Protection Act, you have the right to request for
	access, alter, delete your personal data. Please notify Caritas Macau in writing. You may send the aforementioned by facsimile to (853) 2855 4049.
捐贈人 簽署 :	日期:
Signature	Date