I / We would like to be part of the ICS vision!
我 / 我們願意支持捐助基督教國際學校之籌款運動!

DONOR INFORMATION 捐款人資料:

(Mr. / Mrs. / Miss / Ms / Rev. / _____)

Name: _____ _____
姓名 First Name (English) 名(英文) Middle Name (English) 名(英文)

_____ _____
Last Name (English) 姓氏(英文) Chinese 姓氏 (中文)

Company / Title: _____
機構/職位

Address: (Home / Office) _____
地址 (住宅/辦事處)

_____

_____ District: _____
區域

Postal Code: _____ Country: _____
郵區編號 國家

Home tel: _____ Office tel: _____
住宅電話 辦事處電話

Mobile: _____ Fax: _____
手提電話 傳真

Affiliation with ICS: ☐ Current Parent (Family ID: _____) ☐ Alumni Parent
與學校關係 現任家長 (家庭編號) 校友家長

☐ Alumnus (Year graduated: _____)
校友 畢業年份

☐ Non-graduating Alumnus (Year left ICS: _____)
非畢業校友 離校年份

☐ Other: _____
其他 (請註明)

TYPE OF DONATION 捐獻類別

MONTHLY DONATION 每月捐款:

☐ HK$200 ☐ HK$500 ☐ HK$800

☐ HK$1,000 ☐ Other amount: _____
其他金額

ONE-OFF DONATION 單次捐款:

☐ HK$500 ☐ HK$800 ☐ HK$1,000

☐ HK$2,000 ☐ Other amount: _____
其他金額

BY CREDIT CARD 信用卡捐款: Please debit the following credit card account :

☐ Visa ☐ Mastercard

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

Bank: _____ Expiry Date: _____ (M) _____ (Y)
發卡銀行 到期日 月 年

Security Code: _____ _____ _____ (last 3 digits printed on back of card)
保險密碼 信用卡背面所編印之最後三個數字

Cardholder's Name: _____
信用卡持有人姓名 (same as on credit card / 與信用卡上名字相同)

Cardholder's Signature:
信用咭持有人簽名 _____

BY CHECK: 支票捐款:

Bank: _____ Check No._____ Amount: _____
銀行 支票號碼 捐款額

I / We would like to donate towards the / 本人 (等)願意作以下捐獻 :

☐ Capital Fund 校舍發展基金

☐ Library Endowment Fund 圖書館設備基金

☐ Education Endowment Fund 教育援助基金

ONLINE DONATIONS 網上捐獻

You can also give via ONLINE GIVING on the ICS website, www.ics.edu.hk.
你可隨時透過 ICS 學校之網站 www.ics.edu.hk 直接捐獻

Advancement Office 拓展部 (Tel.): 3920 0201

International Christian School
DONATION FORM 捐款表格

BY DIRECT DEBIT: Please fill in the authorization form
直接付款 : 請填以下授權表格

DIRECT DEBIT AUTHORIZATION FORM 直接付款授權書

Name of party to be credited 收款人: INTERNATIONAL CHRISTIAN SCHOOL 基督教國際學校

Bank No. 銀行編號	Branch No. 分行編號	Account No. 收款人賬户號碼
0 2 4	2 6 0	0 2 8 7 0 9 0 0 1

My / Our Bank Name and Branch (in block letters) 本人(等) 的銀行及分行的名稱 (請用正楷填寫) :

Bank No. 銀行編號	Branch No. 分行編號	Debtor(s) Account No. 付款人賬户號碼

Contact phone number 聯絡電話號碼 :

Limit for each *payment/month (see Note 1) 每*次/月確認 (請參閱附註1)

Expiry Date (see Note 2) 到期日 (請參閱附註2): ___ ___ / ___ ___ / ___ ___ ___ ___
D D M M Y Y Y Y

If left blank, this authorization shall be in effect until further notice; expiry date should be greater than 3 months.
如無註明, 此授權書到期日則作另行通知 ; 到期日必須爲有效期三個月

My / Our name on bank documents (in block letters) 本人(等)在銀行文件之姓名(請用正楷填寫) :

Debtor Reference (for ICS office use only) 付款人編號 (只由ICS學校填寫)

My/Our Address as recorded on Statement / Passbook:
本人 / 吾(等)在結單 / 存摺上所紀錄之地址

本人(等)現授權之上述銀行(該銀行),根據收款人不時給予該銀行之指示,自本人(等)上述戶口轉賬予收款人。但每次轉賬金額不得超過以上指定之限額。
本人(等)同意該銀行無須證實該等轉賬是否已通知本人(等)。如因該等轉賬而令本人(等) 之上述戶口出現透支 (或令現時之透支增加),本人 (等) 會共同及各別承擔全部責任。
本人(等)確證在本授權書內之簽名,與本人(等) 上述戶口於該銀行簽署紀錄完全相同。
本人(等)同意上述戶口並無足夠款項支付有關轉賬,該銀行有權不予辦理且可收取有關之手續費用,該費用一概由本人(等)支付。
本人(等)同意取銷或更改本授權書之任何通知,須於取銷或更改生效日最少兩個工作天之前交予該銀行。
本授權書將繼續生效直至另行通知爲止或直至上列到期日爲止 (以兩者中最早之日期爲準)。

I/We hereby authorize my/our above-named Bank (the "Bank") to effect transfer from my/our above-mentioned account to the above-named Beneficiary in accordance with such instructions as the Bank may receive from the Beneficiary from time to time, provided always that the amount of any one such transfer shall not exceed the limit indicated above.
I/We agree that the Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.
I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our above-mentioned account which may arise as a result of any such transfer(s).
I/We confirm that my/our signature(s) on this authorization is/are the same as filed with the Bank for the operation of my/our above-mentioned account to be debited for the transfer.
/I/We agree that should there be insufficient funds in my/our above-mentioned account to meet any transfer hereby authorized, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to paid by me/us.
I/We agree that any notice of cancellation or variation of this authorization which I/we may give to the Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.
The authorization shall have effect until further notice or until the above given expiry date (which shall first occur).

NOTES 附註 :
1. 如付款之金額每次可能不相同,則請將最高者定爲每次付款之最高限額。
2. 本直接付款授權書將於「到期日」一欄中所填寫之日期自動撤銷。如欲使本直接付款授權書無限期有效 (或直至予以撤銷爲止),則請將該欄留空。但該銀行將不受此限,並可將超過兩年未有任何過賬紀錄之直接付款授權宣告失效,及可刪除該授權紀錄而無須另行通知。 (英文文本與中文譯本文義如有歧異,概以英文文本爲準)

1. If the amount of your payments are likely to vary each time, set the limit for each payment at the maximum amount you would expect to pay at any one time.
2. This Direct Debit Authorization will be cancelled automatically on the date included in the box marked 'Expiry Date'. If you wish the Direct Debit Authorization to have effect indefinitely (or until cancelled by you) please leave box blank. If there is no transaction being recorded under this direct debit authorization for over two years, the Bank may delete this direct debit authorization.

My / Our Bank Account Signature(s) 本人 / 吾(等)之簽名

For bank use only:	Remarks:	Bank chop