

# Would you support NPV?

我願意支持  
香港非牟利獸醫診所

I wish to support  
**Hong Kong Non-Profit making  
Veterinary Clinic**

## 捐款者資料 Donor Details

姓名/機構名稱 Name/Company Name

(中文 / English) \_\_\_\_\_

地址 Address

(中文 / English) \_\_\_\_\_

聯絡電話 Contact Telephone

電郵地址 Email Address

\* 捐款一百元或以上，可獲收據作免稅之用。

\* Official receipt will be issued for donations of HK\$100 or above for tax-deduction purpose.

\*\* 以上資料只會作寄回捐款收據之用。

\*\* All the above information collected will only be used for the purposes of sending receipt.

\*\*\* ☐ 本人不願意在將來收到關於NPV更多的資訊。

\*\*\* ☐ I do not want to receive more information about NPV in the future.

## 捐款表格 Donation Form

請選擇你的捐款形式，然後到尾页參考捐款辦法並填上捐款者資料。

Please select your form of donation, then read the method of donation and fill up the donor details.

### ■ 每月定額捐款 Monthly Donation

港幣 HK\$ \_\_\_\_\_

請填妥後方之直接付款授權書

Please fill out the authorization form for auto payment

### ■ 一次性捐款 ONE-OFF Donation

☐ HK\$100

☐ HK\$200

☐ HK\$500

☐ HK\$1,000

☐ HK\$2,000

☐ 其他金額 Other Amount HK\$ \_\_\_\_\_

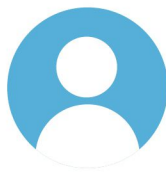
### ■ 捐款指定用途 (非必要填寫) Designated Fund (optional)

☐ NPV 診所發展基金 NPV Clinic Development Fund

☐ NPV 流浪動物醫療基金 NPV Stray Animal Medical Fund

# 你願意支持NPV嗎？

## 捐款方式 Method Of Donation



ID: 9106931



### 1) 電子捐款 E-donation (請列明捐款基金代號 Please enter the code of the fund)

NPV診所發展基金 NPV Clinic Development Fund: **CDF**

NPV流浪動物醫療基金 NPV Stray Animal Medical Fund: **SAF**

### 2) 現金存款 / 銀行轉帳 Cash deposit / bank transfer

匯豐銀行戶口名稱 HSBC Account Name:

非牟利獸醫服務協會有限公司

Non-Profit making Veterinary Services Society Limited

817-031651-838

NPV 診所發展基金 NPV Clinic Development Fund

015-765415-838

NPV 流浪動物醫療基金 NPV Stray Animal Medical Fund

請將銀行收據連同捐款表格寄回或傳真給本會

Please send the bank receipt and this form to us by fax or mail.

### 3) 支票捐款 By Cheque

支票抬頭請寫:

非牟利獸醫服務協會有限公司

Cheque payable to:

Non-Profit making Veterinary Services Society Limited

支票號碼 Cheque No: \_\_\_\_\_

請將支票連同捐款表格寄回本會地址: 九龍太子基隆街24號

Please send the cheque and this form to the address:

24 Ki Lung Street, Prince Edward, Kowloon

npv.org.hk



NPVHK



NPVHK.SAF



AREbyNPV



NPVHK



NPV非牟利獸醫

DIRECT DEBIT AUTHORIZATION FORM 直接付款授權書

Note 注意：

1) Please fill in the direct debit authorization form in **BLOCK LETTERS** and mail the original to “Non-Profit making Veterinary Services Society Limited” at No 24 Ki Lung Street, Prince Edward, Kowloon.  
請以**英文正楷**填妥下列直接付款授權書，並將**正本**寄回九龍太子基隆街24號「**非牟利獸醫服務協會有限公司**」收。

2) Please ensure that you sign the form as well as any alteration, if any, in the usual way that you would sign on your Bank Account.  
請保證閣下在此授權書內之簽名與銀行賬戶所簽者完全相同，並於任何刪改處加上同樣之簽名。

Name of party to be credited (The Beneficiary) 收款之一方（收款人）	Bank No. 銀行編號	Branch No. 分行編號	Account No. 戶口號碼
Non-Profit making Veterinary Services Society Limited	004	817	031651838

- 1) I/We hereby authorize my/our below 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 bankers' correspondent from time provided always that the amount of any one such transfer shall not exceed the limit indicated below.  
本人（等）現授權本人（等）的下述銀行，（根據收款人或其往來銀行及／或代理銀行不時給予本人（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下指定金額。
- 2) I/We agree that my/our Bank shall not be obliged ascertain whether or not notice of any such transfer or reversal notice has been given to me/us.  
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）。
- 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).  
如因該等轉賬而令本人（等）的戶口出現透支（或令現時之透支增加），本人（等）願共同及個別承擔全部責任。
- 4) 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.  
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賬，本人（等）的銀行有權不予轉賬，且銀行可收取慣常的收費，並可隨時以一星期書面通知取消本授權書。
- 5) This direct debit authorization shall have effect until further notice or until the expiry date written below (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.  
本直接付款授權書將繼續生效直至另行通知為止或直至下列到期日為止（以兩者中最早的日期為準）。本人（等）同意本人（等）已設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未有註明授權到期日。
- 6) I/We agree 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.  
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之前交予本人（等）的銀行。

My/Our Bank Name and Branch 本人（等）的銀行及分行的名稱	Bank No. 銀行編號	Branch No. 分行編號	My/Our Account No. 本人（等）的戶口號碼
MY/Our Name(s) as recorded on Statement/Passbook (In BLOCK LETTERS) 本人（等）在月結單／存摺上所紀錄的名稱（請以英文正楷填寫）	Contact Telephone No. 聯絡電話號碼		
Limit for each Monthly Payment 每月付款之限額	My/Our Address as recorded on Statement/Passbook 本人（等）在月結單／存摺上所紀錄的地址		
My/Our Bank Account Signature(s) 本人（等）銀行戶口的簽署	Date 日期 (Day 日 / Month 月 / Year 年)		

For official use only 此欄由本協會填寫			
For Bank Use Only 銀行專用	Remarks	Branch Chop	Debtor's Reference 付款人編號