無國界醫生每月捐款計劃 (銀行賬戶自動轉賬授權書)

MEDECINS SANS FRONTIERES MONTHLY DONATION (Direct Debit Authorization Form)



我是歐盟成員國的公民、居民或現正身處歐盟成員國。

I am an EU citizen, resident or currently located in an EU member state.



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.



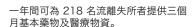
每月捐款金額 MONTHLY DONATION AMOUNT

HK\$200 每月 per month	
	SIII.

-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。

in a year could help MSF provide enough ready-to-use therapeutic food to 60 children for a one week's treatment.

HK\$300 每月 per month



in a year could provide 3-month emergency health care to 218 displaced persons.

HK\$500 每月 per month

-年間可為 2,500 名兒童注射麻疹疫苗, 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	amount H	K\$															
捐款港幣一佰元或以上可扣減稅款。Donation	ns of HK\$100 or a	oove are tax dec	ductible	t.													
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Our promise to protect your privacy: Méde tion you provide will be treated as strictly communications about your donation. You personal information to inform you about Nor email: unsubscribe@hongkong.msf.org	confidential, and may wish to reference of the may wish to reference of the may wish to be seen that the may wish to be seen the may be seen	used only by M or to our Privacy and activities, a do not wish FORMAT 410-418 號z and post the or	SF-HK y Policy and co to red ION 太平洋质	and our y, which nduct fur ceive su 實場 22	careful can be ndraisin ich ma 樓無國兒	ly select found or g appea terials	ted serving our weals and co	ice provebsite: n surveys. ommun	riders for nsf.hk/p You ma ication	r the purivacy Ir ay opt ou as from	rpose of n order t ut to rec MSF-H	f donation to stay in the stay in the such that the such that the stay in the	on admi n contac ch inforr	nistratio ct with y mation b	n, recei ou, we y conta	pt issuir may use	ng and e your
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無國界醫生組織(香港)有限公司	IK) LID	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.							nt No. 本	人/吾等	学之賬戶 之	之號碼				
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My/Our Address as recorded on Statement/Pa	ssbook 本人 / 吾等	身在結單 / 存摺」	上所紀錄	之地址							HKID N	lo. 香港身	身份證號	馮			
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provided always that the amount of any one such transfer has been given to mercus. 3. I/We jointly and severally accept full responsibility for any overdraft or increase in existing overdraft on my/our account which may a journal for any such transfer has been given to mercus. 3. I/We jointly and severally accept full responsibility for any overdraft or increase in existing overdraft on my/our account which may a journal for 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. 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/吾等之上还銀行、根據变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/吾等銀行之指示,自本人/吾等是账户内轉賬予上列之受惠機構。惟每次轉账金額不得起過以上指定之限爵。2. 本人/吾等同意本人/吾等之銀行毋權不予轉账,且銀行可收取價常之收費。如可開時以三提供書面通知取消分付该等股權轉账,本人/吾等之銀行母權不予轉账,且銀行可收取價常之收費。如可開時以三提供書面通知取消分付该等股權轉账,本人/吾等之銀行母權不予轉账,且銀行可收取價常之收費。如可開時以三提供書面通知取消分析表,各本人/吾等之銀行母權不予轉账。1. 金本//吾等和以轉账的戶口的簽署相同。

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MEDECINS SANS FRONTIERES

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

> You can help us save lives. 殊謂們舞·寫言

