


# "Helping HIV and AIDS affected children" Reply Coupon

**World Vision** 

**Yes! I'd like to make a single-gift donation for children affected by HIV and AIDS.**

- HK\$2,000** (Support a healthcare team to visit families affected by AIDS for one month and provide them with counselling and medical services)
- HK\$1,000** (Provide a child in a child-headed family with skills training so that he/she can live on his/her own)
- HK\$500** (Provide 5 affected children with food for one month, preventing them from hunger)
- HK\$ \_\_\_\_\_** (2631/ 201)

**I'd like to make a regular donation to save children from the devastation of HIV and AIDS.**

My monthly donation is:  **HK\$300**    **HK\$ \_\_\_\_\_** (2631/ 200)

Name (Mr/Ms) \_\_\_\_\_ (in Chinese) \_\_\_\_\_  
Surname Given Name (if applicable)

Address \_\_\_\_\_  
 \_\_\_\_\_

Telephone (Daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_

E-mail \_\_\_\_\_ Partner No. \_\_\_\_\_  
(For existing donors only)

**Donation Methods:** (Fax to **(852) 2394 4844/ (852) 2789 4744**)

**Direct Debit** (The authorisation form below is for Hong Kong regular donors only. For Macau donors, the form will be sent to you later.)

NAME OF PARTY TO BE CREDITED (the Beneficiary) <b>World Vision Hong Kong</b>	BANK NO. <b>0   0   4</b>	BRANCH NO. <b>0   1   8</b>	A/C NO. to be credited <b>3   7   7   0   7   7   -   0   0   1</b>
BANK & BRANCH NAME	BANK NO.	BRANCH NO.	A/C NO.
NAME OF BANK ACCOUNT HOLDER(S) (BLOCK LETTER)	SIGNATURE OF BANK ACCOUNT HOLDER(S)   <b>X</b>		
ID NO. OF ACCOUNT HOLDER(S)			
LIMIT FOR EACH *PAYMENT/MONTH (*Delete whichever is not appropriate)			
PARTNER NAME	PARTNER NO. (debtor's reference, to be completed by World Vision Hong Kong)		EXPIRY DATE (if applicable) D   D   M   M   Y   Y

**NOTES:**

1. If "Limit for Each Payment/Month" is not specified, the debtor's bank will set the limit as "unlimited".
2. This Direct Debit Authorisation will be cancelled automatically on the date included in the box marked "Expiry Date". If you wish the Direct Debit Authorisation to have effect indefinitely (or until cancelled by you), please leave box blank.

**TERMS AND CONDITIONS:**

1. I/We hereby authorise my/our stated named bank to effect transfers from my/our account to that of the stated named beneficiary in accordance with such instruction 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 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.
5. This Direct Debit Authorisation shall have effect until further notice or until the expiry date written above (whichever shall first occur).
6. I/We agree to notify World Vision Hong Kong of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our Bank account to meet any transfer hereby authorised, 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 be paid by me/us.
7. 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.

**Credit Card**

- VISA**    **MasterCard**

Cardholder's Name \_\_\_\_\_

Card No. \_\_\_\_\_ Expiry Date \_\_\_\_\_ (MM/YY) (Valid for at least two months)

Cardholder's Signature \_\_\_\_\_

For regular donors (paid by credit card), donation will be debited automatically from your card until further notification.

**Crossed Cheque** (Please make your cheque payable to **WORLD VISION HONG KONG** and send it with this completed form.)

I'd like to make a donation in MOP (HK\$1=MOP1.0315)  
 Please return the completed form to **World Vision of Macau Association, P.O. Box 530, Macau** or by fax it to **(853) 2835 2737**. Please call **(853) 2835 2740** for enquiries.

**Remarks:** \_\_\_\_\_

Please mail the completed form to **World Vision Hong Kong, Freepost No. 69** or fax it to **(852) 2394 4844 / (852) 2789 4744**.  
Donations are tax deductible with official receipts. World Vision will only keep personal data on file for sending out receipts and information.  
Please call **(852) 2394 2394** for enquiries.  
World Vision Hong Kong, incorporated with limited liability, is a Christian humanitarian organisation working to create lasting change in the lives of children, families and communities living in poverty.