

"Your Red Packet" Reply Coupon



I'd like to give a red packet to support Somali children and families to attain food security and better livelihoods (14756 / 267)

HK\$2,400 Support the cost of medical supplies and equipment for health centres

HK\$1,800 Provide basic supplies for community-based nutrition programmes to support 22 families

HK\$600 Provide 1 impoverished family with seeds and gardening tools

HK\$ _____

I'd like to be a World Vision Partner, enabling those who suffer to survive, recover and find hope. (14756 / 252)

My monthly donation is:

HK\$600 HK\$300 HK\$150 HK\$ _____

Name: Mr / Ms _____ (in Chinese)

Surname Given Name (If applicable)

Address: _____ Tel: (_____) _____ (Day)

_____ (Evening)

Email: _____ Partner No.: _____ (For existing donors only)

Your personal data will be kept strictly confidential by World Vision Hong Kong (WVHK) for communication purposes and handling activity-related matter (if applicable), and forwarded to service providers as needed for processing donation and sending receipts for WVHK

We would like to keep you updated on our ministry, fundraising and other educational activities. Please "✓" one of the boxes below:

I want / I do not want to receive updates from World Vision

Donation Methods: fax to (852) 2394 4844/ (852) 2789 4744 or email hotline@worldvision.org.hk

Direct Debit (The most cost-effective donation method)

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)	BANK NO.	BRANCH NO.	A/C NO. to be credited
World Vision Hong Kong	0 0 4	0 1 8	3 7 7 0 7 7 - 0 0 1
BANK & BRANCH NAME	BANK NO.	BRANCH NO.	A/C NO.
NAME OF BANK ACCOUNT HOLDER(S) (BLOCK LETTER)	SIGNATURE OF BANK ACCOUNT HOLDER(S)		
ID NO. OF ACCOUNT HOLDER(S)			
LIMIT FOR EACH *PAYMENT/MONTH (*Delete whichever is not appropriate)	X		
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:

- If "Limit for Each Payment/Month" is not specified, the debtor's bank will set the limit as "unlimited".
- 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:

- 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.
- 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.
- 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).
- 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.
- This Direct Debit Authorisation shall have effect until further notice or until the expiry date written above (whichever shall first occur).
- 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.
- 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 (Regular donations paid by credit card will be debited automatically from your card until further notice.)

<input type="checkbox"/>	<input type="checkbox"/>	EXPIRY DATE (Valid for at least two months)	CARD NO.
		/ mm/yy	- -
CARDHOLDER'S NAME		CARDHOLDER'S SIGNATURE	
		X	

Crossed Cheque (Please make your cheque payable to "WORLD VISION HONG KONG")

CHEQUE NO.	BANK NAME
-	

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 fax it to **(853) 2835 2737**.

For enquiries, please call **(853) 2835 2740**.