



小小捐獻發光芒 生命從此不一樣



親愛的朋友：

近年毒品的禍害已經再無年齡大小之分，在我們接觸的個案中，有年紀最小的小學生，亦有年長到六、七十歲的朋友。他們受毒品的侵害，身心受損，親人眼見他們沉淪毒海，往往感到徬徨無助，心痛欲絕。加上最近「毒駕」的問題肆虐，有更多家庭被弄致支離破碎；家人甚至出現情緒低落、焦慮、抑鬱等問題，可見，抗毒工作實是刻不容緩的。

基督教互愛中心本着耶穌基督福音的大能，使迷失的吸毒者悔改重生，戒除毒癮，成為新造的人。互愛乃非牟利慈善團體及非政府資助機構，成立至今已三十九年，經費有賴各教會、信徒及各界熱心人士支持。現今戒毒工作正面對前所未有的挑戰及困難，我們需要開拓更多資源，為學員們提供更適切的職能訓練，好讓他們更容易重投社會，自力更生，避免重回吸毒的舊路；同時亦用作強化外展、家庭支援及後續服務等工作。

「全民抗毒」，不再單單是一個口號，而更需要實際的行動。只要您願意化愛心為行動，每月定額捐獻港幣\$50 或\$100 或\$500 或\$1000，就能幫助這群在毒海中浮沉的朋友走向正途，改寫他們的生命，改變需要您。

基督教互愛中心 2012年9月

姓名 Name: _____ (先生/小姐 Mr. / Miss) 電話 Tel: _____

地址 Address: _____

電郵地址 Email Address: _____

信用卡 Credit Card: VISA MASTERCARD 一次過/每月捐獻金額: 港幣: _____

信用卡號碼: _____ 信用卡有效期至: _____ 月 _____ 年
Card No.: _____ Card Expiry Date: _____ MM/ YY

持咭人姓名: _____ 持咭人簽署: _____
Cardholder's name: _____ Cardholder's signature: _____

For Office Use: Auth Code No _____ Date _____ 日期 Date: _____

自動轉賬 Autopay Authorisation: (請郵寄正本) 直接付款授權書 Direct Debit Authorisation

受益人 The Beneficiary (Name of party to be credited) 基督教互愛中心 Wu Oi Christian Centre		
Bank No. 銀行號碼	Brach No. 分行號碼	My / Our Account No. 本人(等) 的戶口號碼
0 0 4	0 4 2	2 8 7 9 5 3 0 0 1
My / Our Name(s) as recorded on Statement/Passbook 本人/ 吾等在結單/在存摺上所記錄的名稱		
My / Our Bank Name and Branch 本人/ 吾等之銀行及分行名稱		
Bank No. 銀行號碼	Brach No. 分行號碼	My / Our Account No. 本人(等) 的戶口號碼
Limit for Each Time / Month 每次/月付款的限額	Expiry Date (day / month / year) 到期日 (日/月/年)	
本人(等) 的銀行戶口簽署 My / Our Bank Account Signature(s)		

- I/We hereby authorise my/our above 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 banker's correspondent from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated left.
- I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer or reversal notice 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 understand that I/we must maintain sufficient funds in the account one business day (before the close of branch banking hours) before the transfer date (as specified in the instructions received by my/our Bank from the beneficiary and /or its banker and /or its banker's correspondent from time to time) for the transfer authorised herein. I/We agree that should there be insufficient funds in my/our account to meet any transfer authorised herein, my/our Bank will be entitled, at its absolute discretion, not to effect such a transfer in which event the bank may levy its usual charges and may cancel this authorisation at any time without notification to me/us. For the avoidance of doubt, the Bank may cancel this authorisation at its sole discretion at any time without prior notice.
- This direct debit authorisation shall have effect until further notice or until the expiry date written above (whichever shall first occur).I/We agree that if no transaction is performed on my/our account under such authorisation 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 authorisation has not expired or there is no expiry date for the authorisation .
- 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.

由本會填寫檔案編號 Debtor's Reference (For Office Use)		
銀行專用 For Bank Use Only	Remarks	Signature Verified

Note: 1. 請將直接付款授權書寄回香港九龍官塘順天邨天衡樓1-5號地下基督教互愛中心收。 電話/ Tel: 2782 2779 圖文傳真/ Fax: 2782 5949
Please send Direct Debit Authorisation Form to Wu Oi Christian Centre Unit 1-5, G/F., Tin Hang House, Shun Tin Estate, Kowloon.
2. 捐款港幣 100 元或以上將獲發減稅收據。 Tax deductible receipt will be given to donations of HK\$100 or above.