

Please use this form if you wish to make monthly donations to Pasteur Foundation Asia.
You can choose to use bank autopay to make your monthly donations.

Donor's Information

Name of Donor	<input type="text"/>		
Address	<input type="text"/>		
Telephone No. (daytime)	<input type="text"/>	Mobile No.	<input type="text"/>
Email Address	<input type="text"/>	Fax No.	<input type="text"/>

Donation Information

1. I would like to donate the following amount :

- HK\$100
- HK\$300
- HK\$500
- HK\$1,000
- HK\$ _____ *(please specify amount)*

2. I would like to support the following with my donation :

- General
- Research
- Teaching and Training
- Internship Program
- _____ *(specific fund raising event / program)*

Donation Method

1. **Through bank direct debit**

You can make monthly donations through bank direct debit. Please fill in the direct debit authorization form in the next page.

2. **Donation Receipt**

Name on receipt : Mr / Ms _____

(if different from donor's name)

3. **Authorization for the Use of Personal Data for Direct Marketing**

- I agree that Pasteur Foundation Asia may without further reference to me use my personal data* to send me information regarding its fund-raising events, Annual Reports and Newsletters, and to conduct donor opinion survey through various communication channels+.

I have read, understood and accepted the above statement in regards to the authorization for the use of personal data* for direct marketing by Pasteur Foundation Asia.

- I do not agree Pasteur Foundation Asia may use my personal data* for the above purposes.

* Personal Data includes my name, telephone number, email and mailing address

+ Communication channels include direct mail, email, fax, telephone and SMS

In future if you do not wish to receive any marketing information or updates from Pasteur Foundation Asia, please notify us by post or email

Signature _____

Date _____

For Official Use

Received on _____	Donor's Name _____	Donation Amount _____
Receipt No. _____	Receipt issued on _____	Receipt sent on _____

Please print out the form, fill in with **BLOCK LETTERS** and return the completed application form to Pasteur Foundation Asia 16A, Hillier Commercial Building, 65-67 Bonham Strand, Sheung Wan, Hong Kong

Name of party to be credited (the Beneficiary)	Bank No.	Branch No.	Account No. of Beneficiary
PASTEUR FOUNDATION ASIA	0 4 9	7 5 0	2 5 1 2 3 8 0 0 1

- i. 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 from time to time.
- ii. 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.
- iii. 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).
- iv. 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 affect such transfer in which event the Bank may make the usual charge.
- v. I / We agree that 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 and at the same time such notice shall be given to the beneficiary.
- vi. We confirm my / our signature(s) on this form is / are the same as the signature(s) of my / our Bank account given above. Until further notice, I / we hereby authorize Pasteur Foundation Asia to initiate and the Bank named above to process debits to my/our account from time to time.

My / Our Name(s) as recorded on Passbook / Statement	Bank No.	Branch No.	My / Our Account No.
My / Our Bank Name and Branch	HKID No.	Contact No.	
Maximum payment limit for each month	My / Our Bank Account Signature(s) (see Note 1)		
For Official Use Only Debtor's Reference	For Bank Use Only	Signature Verified	

Note :

1. Please ensure that you sign the form in the usual way that you would sign on your Bank Account.