

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

Donor's Information

Name of Donor	<input type="text" value="Mr / Ms / Miss"/>		
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 this donation form and the direct debit authorization form on the next page and send them to Pasteur Foundation Asia by post.

2. **Donation Receipt**

Name on receipt : Mr / Ms / Miss _____

(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 Pasteur Foundation Asia Use Only

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
請打印此表格，用正楷填妥後寄回巴斯德亞洲基金。郵寄地址：香港上環文咸東街65-67號喜利商業大廈16樓A室

Name of party to be credited (the Beneficiary) 收款之一方(受益人)	Bank No. 銀行編號	Branch No. 分行編號	Account No. of Beneficiary 收款賬戶之號碼
PASTEUR FOUNDATION ASIA	0 4 9	7 5 0	2 5 1 2 3 8 0 0 1

- 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.
本人(等)現授權本人(等)下述之銀行根據受益人不時給予本人(等)銀行之指示自本人(等)之賬戶內轉賬予上述受益人。
- 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.
本人(等)同意本人(等)銀行無須證實該等轉賬通知是否已交予本人(等)。
- 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).
如因該轉賬而令本人(等)之賬戶出現透支(或令現時之透支增加)，本人(等)願意共同及個別承擔全部責任。
- 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.
本人(等)同意本人(等)之賬戶並無足夠款項支付該等授權轉賬，本人(等)之銀行有權不予轉賬，且銀行可收取慣常之費用。
- 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.
本人(等)同意，本人(等)取消或更改本授權書之任何通知，須於取消/更改生效日最少兩個工作天前交予本人(等)之銀行，並同時通知上述受益人。
- I / 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.
本人(等)確認本人(等)在此表格上的簽署與本人(等)用以轉賬的戶口簽署相同。本人(等)現授權巴斯德亞洲基金及上述銀行開始在本人(等)賬戶處理轉賬。本自動轉賬授權書將繼續生效直至另行通知為止。

My / Our Name(s) as recorded on Passbook / Statement 本人(等)在存摺/月結單上所紀錄之名稱	Bank No. 銀行編號	Branch No. 分行編號	My / Our Account No. 本人(等)之賬戶號碼
My / Our Bank Name and Branch 本人(等)之銀行及分行名稱	My / Our HKID No. 本人(等)之香港身份證號碼	Contact No. 聯絡電話號碼	
Monthly limit (Donation) HK\$ 每月定額捐款港幣	My / Our Bank Account Signature(s) (see Note 1) 本人(等)之簽署(參閱附註1)		
For Pasteur Foundation Asia Use Only Debtor's Reference 僅供巴斯德亞洲基金填寫 債務人參考檔案編號	For Bank Use Only 僅供銀行填寫	Signature Verified 簽名核對	

Note 附註：

- Please ensure that you sign the form in the usual way that you would sign on your Bank Account.
請確保此自動轉賬授權書上的簽名跟銀行戶口之簽名相同。