

## "Child Sponsorship" Reply Coupon

	I'd like to be a Child Sponsor and sponsor needy child(ren)									(8816/2)
	(For just HK\$270 a month, you can help children grow healthy, and their communities be My sponsorship payment for each child is: $\Box$ HK\$270 (Monthly) $\Box$ HK\$3,240 (Yea		reliant in th	ne lor	ig run.)					
	I'd like to contribute <u>a single-gift donation</u> for needy children	119)								(8816/4)
	□ нк\$2,000 □ нк\$1,500 □ нк\$600 □ нк\$									
N	ame:Mr / Ms Surname Given Name		(in Chine	ese)	(If a	applicable	)			
Add	Address:		Те	el: <u>(</u>	)					(Day)
				(	)					(Evening)
E	mail:		Partner No	0.:		(For	ovicting	donors only	0	
	I'd like to sign up for electronic Annual Donation Receipt					(FOI	existing			
provid relate <b>I v</b> When anoth	ersonal data will be kept strictly confidential by World Vision Hong Kong (WVHK) for communication lers as needed for processing donation and sending receipts for WVHK. Child sponsors' personal data d to the sponsored child. We would like to keep you updated on our ministry, fundraising and other er vant / □ I do not want to receive updates from World Vision your sponsored child no longer requires sponsorship for reasons such as finishing school, moving out er child in need in order to help more children. Should you prefer other arrangements, please contact nation Methods: Fax to (852) 2394 4844 or email hotline@w	will be trans ducational ac of the comr us on 2394	ferred to Wo ctivities. Plea nunity or pro 2394.	orld V ase "✔ oject o	ision ov " one o	erseas of of the bo	fices fo xes belo	r sending ow:	docume	nts
	Direct Debit (The most cost-effective donation method)		5							
	The authorisation form below is for Hong Kong regular donors only. For Macau donor	· · · · · · · · · · · · · · · · · · ·								
	NAME OF PARTY TO BE CREDITED (the Beneficiary) World Vision Hong Kong	BANK NO.	BRANCH M	1		to be crea		7   7	- 0	0 1
	BANK & BRANCH NAME	BANK NO.	BRANCH	NO.	A/C NO.					
	NAME OF BANK ACCOUNT HOLDER(S) (BLOCK LETTER)	SIGNATURE C	OF BANK ACCO	UNT H	OLDER(S)					
	ID NO. OF ACCOUNT HOLDER(S)									
	LIMIT FOR EACH *PAYMENT/MONTH (*Delete whichever is not appropriate)	x								
	PARTNER NAME	PARTNER NO World Vision	. (Debtor's refe Hong Kong)	erence,	to be co	mpleted b	y E) D	CPIRY DATE		ble) Y Y
	<ul> <li>NOTES:</li> <li>If "Limit for Each Payment/Month" is not specified, the debtor's bank will set the limit as "unlimited".</li> <li>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.</li> <li>IFRMS AND CONDITONS:</li> <li>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 receiv 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.</li> <li>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.</li> <li>I/We confirm that my/our ginature(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.</li> <li>This Direct Debit Authorisation shall have effect until further notice or until the expiry date written above (whichever shall first occur).</li> <li>I/We agree that any notice of cancellation or variation of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our Bank account to any transfer in which event the Bank may make the usual service charge to be paid by me/us.</li> <li>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 cancellation/variation is to take effect.</li> </ul>									ceive from nt to meet
	Credit Card (Regular donations paid by credit card will be debited automatically from encrypt the files and data when sending your credit card information via email.)	your card	until furthe	er not	ice. To	protect	your p	ersonal	data, p	ease
	VISA     mastercard.	-			-			-		
	CARDHOLDER'S NAME	'S SIGNATURE								
	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. The monthly sponsors Please return the completed form to World Vision of Macau Association, P.O. Box 530, For enquiries, please call (853) 2835 2740.	-								

Please mail the completed form to World Vision Hong Kong, Freepost No. 69 or fax it to (852) 2394 4844.

Donations are tax deductible with official receipts. For enquiries, please call (852) 2394 2394. 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.