

請把表格印出，填妥後寄回 **澳門郵政信箱 478 號 奧比斯澳門辦事處** 收。**信用卡捐款**可傳真至 **(853) 2835 6061**。  
Please print out the form, complete and return to **ORBIS Macau, P.O. Box 478, Macau**.  
**Credit Card donations** can be faxed to **(853) 2835 6061**.



**請慷慨解囊，將希望之光帶給所有失明人**  
**Your generosity will bring hope in sight to the most vulnerable people**

#### 捐款者個人資料 DONOR'S PERSONAL DATA

|  |   |  |
|--|---|--|
| <input type="checkbox"/> 先生 Mr.  | <input type="checkbox"/> 女士 Ms.               | <input type="checkbox"/> 小朋友 Kid (年齡 Age: _____) |
| 英文姓名 (請在姓氏下劃線)<br>English Name (Please underline surname)  |   |  |
| 中文姓名<br>Chinese Name   |   |  |
| 澳門居民身份證號碼<br>Macau BIR No. (只用作避免捐款者記錄重複)<br>(To avoid donor record duplication only)                                      |   |  |
| 日間聯絡電話<br>Daytime Tel No.  | 出生日期 Date of Birth<br>日/ 月/ 年<br>DD/ MM/ YYYY |  |
| 通訊地址 (請盡量以英文填寫) Postal Address (Please fill in English)  |   |  |
| 電郵地址<br>Email Address  |   |  |
| 通訊語言選擇<br>Preferred Language for All Communication <input type="checkbox"/> 中文 Chinese <input type="checkbox"/> 英文 English |   |  |

#### 捐款金額 DONATION AMOUNT

|  |
|--|
| <input type="checkbox"/> 本人願意 <b>每月</b> 以信用卡自動轉賬定期捐助奧比斯<br>I would like to donate on a <b>monthly basis</b> via my credit card:<br>澳門幣 <input type="checkbox"/> MOP150 <input type="checkbox"/> MOP250 <input type="checkbox"/> MOP500 <input type="checkbox"/> MOP1,000<br><input type="checkbox"/> 其他金額 (多少無拘) Any amount will help MOP _____<br>請選擇其中一項 (未有選擇者將成為奧比斯之友)<br>Please tick either one (will be considered as ORBIS Friend if both are not checked):<br><input type="checkbox"/> 成為「奧比斯之友」，支持奧比斯全球教育工作。Be an ORBIS Friend and support ORBIS's sight-saving programmes worldwide.<br><input type="checkbox"/> 成為「奧比斯童望之友」，支持奧比斯全球防治兒童失明工作。Be an ORBIS Kids Sight Friend and support ORBIS's paediatric sight-saving work worldwide. |
| <input type="checkbox"/> 本人願意 <b>一次過</b> 作個別捐款，捐贈以下款項：<br>I would like to make a <b>one-off donation</b> of the following amount:<br>澳門幣 <input type="checkbox"/> MOP300 <input type="checkbox"/> MOP500 <input type="checkbox"/> MOP1,000 <input type="checkbox"/> MOP5,000<br><input type="checkbox"/> 其他金額 (多少無拘) Any amount will help MOP _____  |

#### 捐款方法 DONATION METHODS

|                                   |   |
|-----------------------------------|---|
| <b>每月</b> 捐款<br>Monthly donation  | : 請以信用卡捐款<br>Donation can be made by credit card.   |
| <b>一次過</b> 捐款<br>One-off donation | : 請選擇以銀行直接存款、支票 或 信用卡轉賬捐款<br>Donation can be made by bank deposit, cheque or credit card. |

#### (I) 銀行直接存款 Donation through Bank Deposit

|  |                           |                          |
|--|---------------------------|--------------------------|
| <input type="checkbox"/> 一次過 直接銀行存款 <b>One-off donation</b> through bank deposit |                           |                          |
| 澳門大西洋銀行 Banco Nacional Ultramarino   | 澳門幣 (MOP) 9005 198 391    | 港幣 (HKD) 9005 198 357    |
| 中國銀行(澳門分行) Bank of China (Macau Branch)  | 澳門幣 (MOP) 01-01-20-804446 | 港幣 (HKD) 01-11-23-862971 |
| 永亨銀行 Banco Weng Hang, S.A.   | 澳門幣 (MOP) 031 658 001     | 港幣 (HKD) 579 186 001     |
| 香港上海滙豐銀行<br>The Hong Kong and Shanghai Banking Corporation Ltd.                  | 澳門幣 (MOP) 001038041091    | 港幣 (HKD) 001038041151    |

\* 請寄回此表格及存款收據正本，並於收據背頁寫上姓名、地址及聯絡電話；另行影印留底。奧比斯將依據您的地址發捐款收據。  
Please return this form and the original copy of your bank deposit advice, with your name, address and phone number written at the back. Please keep a copy for your own record. Receipts will be issued according to your address.

#### (II) 支票捐款 Donation by Cheque

|   |
|---|
| <input type="checkbox"/> 支票 一次過 捐款 <b>One-off donation</b> by cheque                |
| 支票號碼 Cheque number _____<br>抬頭請寫上「澳門奧比斯」 Please make cheque payable to ORBIS Macau. |

#### (III) 信用卡捐款 Donation by Credit Card

|   |
|---|
| <input type="checkbox"/> 信用卡 一次過 或 每月 捐款<br>Credit card <b>one-off</b> or <b>monthly</b> donation   |
| <input type="checkbox"/> VISA 卡 VISA card <input type="checkbox"/> 萬事達卡 MasterCard  |
| 信用卡有效期至 月/ 年 (須於三個月內有效)<br>Card valid until MM/ YY (should be valid for the next 3 months)  |
| 信用卡號碼<br>Credit card number   |
| 信用卡簽發銀行<br>Credit card issuing bank   |
| 信用卡持有人姓名<br>Cardholder's name   |
| 請於其中一適當方格內加上 <input checked="" type="checkbox"/> 號 Please tick one appropriate box ONLY.  |
| <input type="checkbox"/> <b>一次過捐款</b> 請於本人之信用卡賬戶內一次過扣除以上賬款<br><b>One-off donation</b> Please charge my credit card once for the above specified amount.   |
| <input type="checkbox"/> <b>每月捐款</b> 本人現授權澳門奧比斯由本人之信用卡賬戶內定期扣除上述之賬款，直至本人另行通知為止。本人同意此授權書於本人之信用卡有效期後及獲續發新卡時繼續生效，並毋需另行填寫授權書。如需要取消或更改本授權書，請於取消或更改生效日期七個工作天前通知奧比斯。<br><b>Monthly donation</b> I hereby authorize ORBIS Macau to charge my credit card account for the amount specified in a regular manner as agreed upon by me and ORBIS Macau until further notice. I agree the validity of this agreement will continue before or after the expiry date of my credit card account. Cancellation or variation of this authorization shall be given to ORBIS Macau seven working days before the date on which such cancellation or variation is to take effect. |
| 信用卡持有人簽署 Credit cardholder's signature *  |
| 日期 Date   |

\* 簽名必需與閣下之信用卡簽名完全相同，表格上如有任何塗改，請在旁簽署。  
Please ensure that you sign the form and any changes the same way as you sign your credit card account.

|  |
|--|
| <input type="checkbox"/> 請寄回收據 Please send me a receipt.<br>如收據抬頭非捐款者本人，請以英文列明：_____<br>若捐款者姓名及地址欠奉，恕未能發收據。<br>If the recipient's name differs from the donor, please specify.<br>No receipt will be issued if either donor's name or address is not provided. |
| <input type="checkbox"/> 為幫助節省行政開支，本人不需要收據<br>To help save administrative costs, please do not send me a receipt.  |

**澳門奧比斯 ORBIS Macau**

**查詢 Enquiry: 2830 0787 / 傳真 Fax: 2835 6061**

CY1080101 One-off  CY1081000 Gen MDP  CY1081501 KS MDP

以上資料只會作為發收據及募捐用途。我們可能將有關資料提供於第三者服務供應人進行以上有關運作，但所有資料均絕對保密。  
The above information will be used for receipting and fundraising purposes only. We may furnish your data on a strictly confidential basis to third parties, who provide services to us in relation thereto.