

我願意以捐款作賀禮，幫助更多失明人看得見。I will make a commemorative donation to help many more blind people see.

	說明 Description	金額 Amount
A 賀禮指款及 Commemorative donation and	<input type="checkbox"/> HK\$280非免稅禮品及賀卡 Non-tax deductible charge for the HK\$ 280 gift & greeting card	HK\$780
	<input type="checkbox"/> HK\$180非免稅禮品及賀卡 Non-tax deductible charge for the HK\$ 180 gift & greeting card	HK\$680
B 送貨 Delivery	<input type="checkbox"/> 本地送貨 Local delivery	無需額外費用 No extra charge
	<input type="checkbox"/> 澳門送貨 Macau delivery	HK\$50
	<input type="checkbox"/> 海外送貨 Overseas delivery	**
** 請致電(852) 2595 0263或奧比斯捐款服務部。 Please contact our Donor Services Dept at (852) 2595 0263		
C 額外撥款 Extra donation		HK\$
總計 Total (A+B+C)		HK\$

捐款者個人資料 DONOR'S PERSONAL DETAILS (請盡量以英文填寫 In English)

先生 Mr 女士 Ms 小朋友 Kid

姓 Last name _____ 名 First name _____

日間聯絡電話 Daytime tel no _____

捐款者編號(如適用) Donor no (if applicable) _____

香港身份證號碼 HKID card no _____
(避免捐款者記錄重複 Avoid donor record duplication)

出生日期 Date of birth _____

通訊地址 Postal address _____

電郵 E-mail _____

通訊語言 Language preference 中文 English

捐款方法 DONATION METHOD

支票 Cheque 號碼 Number: _____
抬頭請寫「奧比斯」 Please make cheque payable to Project Orbis International, Inc.

信用卡 Credit card

(卡會獲豁免手續費 Service charge waived)

有效期至 Card valid until _____ 月 MM/ _____ 年 YY (須於兩個月內有效 Should be valid for the next two months)

信用卡號碼 Card number _____

簽發銀行 Card issuing bank _____

持有人姓名 Cardholder's name _____

持有人簽署 Signature of cardholder* _____ 日期 Date _____

*簽名必須與閣下之信用卡簽名完全相同，表格上如有任何修改，請在簽名處。
Please ensure that you sign the form and any alterations the same way as you sign your credit card account.

請寄上 PLEASE SEND ME

每月捐款計劃資料 _____ 份 = _____ pieces of Monthly Donation Program information.

遺產捐贈計劃資料 _____ 份 = _____ sets of ORBIS's planned giving program information.

一年累積捐款達港幣100元以上在香港可獲收據申請免稅。
Accumulated donations of HK\$100 annually or above are tax deductible with a receipt in Hong Kong.

- 請發收據予捐款人。Please send the receipt in the name of the donor.
- 請發收據予收禮者。Please send the receipt in the name of the gift recipient.
- 為幫助節省開支，毋需發收據。To help save administration cost, please do not send me a receipt.

收禮者資料 Gift recipient's information (請盡量以英文填寫 Please fill in English)

先生 Mr 女士 Ms 小朋友 Kid

姓 Last name _____ 名 First name _____

送禮地址 Delivery address (請盡量提供公司地址 Please provide company address, if available)

日間聯絡電話 Daytime tel no. _____

喜慶日子 Date of occasion _____ dd/ _____ mm/ _____ yy

送禮日子 Delivery date _____ dd/ _____ mm/ _____ yy

(需15個工作日辦理 Please allow 15 working days for processing)

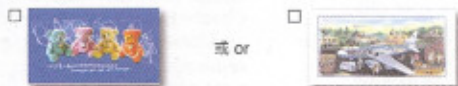
生日 Birthday 弄璋/瓦之喜 New baby 週年紀念 Anniversary*

節日祝賀 Festive greetings* 其他 Others*

* (請細述 Please specify)

禮品包連同賀卡將於「送禮日子」由總公司於星期一至五辦公時間或星期六上午送抵。(公眾假期除外)
Gift pack with greeting card will be delivered on 'delivery date' by courier during Monday to Friday office hours or Saturday morning (except public holiday).

請選擇賀卡 Please choose a card



請選擇以下其中一款奧比斯禮品 Please choose one of the ORBIS gifts below:

i) 適用於選擇\$780禮品包之捐款者 Applicable to donors who selected the \$780 package



ii) 適用於選擇\$680禮品包之捐款者 Applicable to donors who selected the \$680 package



顏色 Color

「美麗人生」瓷相架 "Beautiful Life" porcelain photo frames



幫助奧比斯減低開支，讓更多失明人士受惠，您可以：(1)使用信用卡捐款時將回條填寫為(852) 2858 8888 / 2505 5179代為郵寄方式；或(2)寄回奧比斯貼上郵票。Help ORBIS to save cost and benefit the blind, you can: (1) fax this form to (852) 2858 8888 / 2505 5179 instead of mailing for credit card donations; or (2) use a stamp if you return the form by post.

以上資料只作發收據及募捐用途。若閣下不希望收取奧比斯信件，請未函通知。
The above information will be used for receipting and fundraising purposes only. Please notify us in writing if you do not wish to receive future mailings from ORBIS.

查詢電話 Enquiry: 2595 0263 電郵 e-mail: info@hk.orbis.org

可影印此表格備用。Please copy this form for future use.

For ORBIS use

Stock	Date to DS	Date to FIN	Delivery Date