

多謝您的支持!

Thank You for Your Support!

「與治療犬同心為公益」計劃參加表格

PARTICIPATION FORM FOR THE SCHEME OF "Serving Together with Therapy Dogs"

請將填妥之表格連同劃線支票、銀行入數紙正本或信用卡資料,寄交香港九龍旺角彌敦道 728-730 號廣安銀行旺角分行大廈 2 樓 C 室,香港治療犬協會收,或電郵到 donate@hktda.org。

Please complete this form and send it together with a crossed cheque, original pay-in slip or credit card information to the Hong Kong Therapy Dog Association at Unit C, 2/F, Kwong On Bank Mongkok Branch Building, No. 728-730 Nathan Road, Mongkok, Kowloon, Hong Kong or email to donate@hktda.org.

| 本人/團體樂意參加「與治療犬同心為 I/We would like to join "Serving Toge" | | ıs" Scheme: | | | | |
|---|--|--------------------------|----------------------|-----------------------|---------------|--|
| ☐ HK\$365 按年捐款 Annual Payment | · · · <u> </u> | | 安年捐款 Above | e Annual Paym | ent | |
| * 凡捐款 HK\$100 以上,可憑收據扣減稅款。Don | ation of HK\$100 or above is t | ax exempted by official | receipt. | | | |
| 個人資料 My Details (請以英文正楷填寫 Ple | ease write in BLOCK Letters) | | | | | |
| 姓名 Name: | 出生月/年「 | Month / Year of Birt | th: | 月 month | 年 year | |
| | 手提電話 Mobile Phone No.: | | | | | |
| 地址 Address: | | | _ | | - | |
| □ 本人欲申請收據,請寄收據回上述通訊地址。 F | Please post me the official rec | eipt according to the ab | oove correspondin | ig address. | | |
| □ 本人是香港治療犬協會會員。I am the member | r of HKTDA. | □ 本人現在/曾 | 經/將會飼養狗隻 | ∉ ∘ I am / was / will | be a dog owne | |
| | | | | | | |
| 由監護人填寫 Completed By Guardian | an (適用於 3 至 18 歲之參加者 F | | | | | |
| 監護人姓名 Name of Guardian | :0 | 關係 Relationship | | | | |
| 身份証號碼 HKID No. (頭 4位 First 4 dig | (11) | 聯絡電話 Contac | et No | | | |
| 監護人簽署 Signature of Guardian | | 日期 Date | | | | |
| 捐款方法 Method of Donation | | | | | | |
| □ 劃線支票【抬頭:香港治療犬協會有限 | | | | - | | |
| 銀行名稱 Name of Bank: | | 支票號碼 Che | que No.: | | | |
| □ 直接存款 Direct Bank-in: | | | | | | |
| 東亞銀行 Bank of East Asia【儲蓄戶 | □號碼 Bank A/C No.: | 015-526-68-00127 | '-4 Saving] | | | |
| □ 信用卡 Credit Card: | | | | | | |
| 持卡人簽署 Signature of Cardholder: | | | | | | |
| 信用卡簽發銀行 Credit Card Issuing | Bank: | | | | | |
| 持卡人姓名 Name of Cardholder: | | | <u> </u> | | | |
| 信用卡號碼 Card No.: | | | Expiry Date: _ | 月 month | 年 yea | |
| 備註 NOTE: 簽名必需與閣下之戶口簽名完全相同,表格上如有任何塗 Please ensure that you sign the form as well as any alter 您的個人資料將會絕對保密。 Your personal data will be kept confidential. 本會將運用你的個人資料發出收據、通訊、籌募經費及收 The above information will be used for issuing receipt, for 若閣下不希望收到本會之通訊,請來函通知。 Please notify us in writing if you do not wish to receive fur | ations in the same way as you sig 集意見之用途。 stering communications, raising fo | | r survey for HKTDA. | | | |
| 本會專用 FOR OFFICE USE: Donor / Member No.: | Recorded By : | | Receipt Posted By : | | | |
| DONO! / MICHIDEL INC | Recolued by . | | Treceipt Fosted by : | | | |

香港治療犬協會 香港九龍旺角彌敦道 728-730 號廣安銀行旺角分行大廈 2 樓 C 室 電話: 6570 4040 電郵:donate@hktda.org **Hong Kong Therapy Dog Association** Unit C, 2/F, Kwong On Bank Mongkok Branch Building, No. 728-730 Nathan Road, Mongkok, Kowloon, Hong Kong Tel.: 6570 4040 Email: donate@hktda.org