

## 基督教靈實協會簡介

五十年代初，靈實創辦人司務道教士看見當時調景嶺難民的需要，透過贈醫施藥幫助病患者。除了關注他們的身體狀況外，司教士更著重他們的心理、社交和靈性方面的需要。時至今日，靈實的服務已發展至醫療、長者、復康和家庭服務，更致力關心服務使用者身、心、社、靈的發展，繼承司教士全人關懷的服務精神。

## Haven of Hope Christian Service (HOHCS)

In the early 50s, witnessing the desperate plight of the refugees in Tiu Keng Leng, Sister Annie Skau, the founder of Haven of Hope Christian Service helped untie their knots in lives by means of medical assistance. Not merely did Sister Annie Skau care about their health, she endeavoured to meet their psychological, social and spiritual needs. Nowadays, HOHCS has developed into a charitable organization offering medical, elderly, rehabilitation and family services, making great efforts to enhance the physical, psychological, social and spiritual well-being of service users, in the hope of sustaining the merits of holistic care inherited from Sister Annie Skau.

## 本人樂意支持基督教靈實協會的服務，願捐助：

## In support of Haven of Hope Christian Service, I donate:

- \$ \_\_\_\_\_ 予基督教靈實協會     \$ \_\_\_\_\_ 予靈實醫院     \$ \_\_\_\_\_ 予基層健康服務     \$ \_\_\_\_\_ 予靈實恩光成長中心  
to Haven of Hope Christian Service    to Haven of Hope Hospital    to Primary Health Service    to Haven of Hope Sunnyside Enabling Centre
- \$ \_\_\_\_\_ 予靈實寧養院     \$ \_\_\_\_\_ 予靈實恩光學校     \$ \_\_\_\_\_ 予慈恩醫療服務  
to Haven of Hope Holistic Care Centre    to Haven of Hope Sunnyside School    to Charity Medical Service
- \$ \_\_\_\_\_ 予長者服務     \$ \_\_\_\_\_ 予復康服務     \$ \_\_\_\_\_ 予福音事工     \$ \_\_\_\_\_ 予其他(請註明)  
to Elderly Care Service    to Rehabilitation Service    to Evangelistic Work    to \_\_\_\_\_ (please specify)

捐款總數 Total Donation Amount: HK\$ \_\_\_\_\_ 日期 Date: \_\_\_\_\_

姓名 Name: \_\_\_\_\_ (先生/小姐/太太 Mr / Miss / Mrs) 電話 Tel: \_\_\_\_\_

地址 Address: \_\_\_\_\_

電郵 Email Address: \_\_\_\_\_

## 直接付款授權書 Direct Authorisation Form

### 按月捐款 Monthly Autopay

捐款回條 Donation Receipt:  按月寄上 Monthly Donation Receipt     按年寄上 Yearly Donation Receipt

受益人 The Beneficiary (Name of party to be credited) 基督教靈實協會 Haven of Hope Christian Service			
銀行編號 Bank No.	分行編號 Branch No.	賬戶號碼 Account No.	
0 0 4	0 1 8	0 3 0 0 2 3 0 0 1	
本人 / 吾等之銀行及分行名稱 My / Our Bank Name and Branch			
本人 / 吾等在結單存摺上所記錄之名稱 My / Our Name(s) as Recorded on Statement / Passbook			
銀行編號 Bank No.	分行編號 Branch No.	本人 / 吾等之賬戶號碼 My / Our Account No.	
每月付款之限額 Limit for Each Month	到期日 Expiry Date	年 Year	
由本會填寫檔案編號 Debtor's Ref. (For Office Use)			
本人 / 吾等之簽署 My / Our Signature(s)			
銀行專用 For Bank Use Only	Remarks	Signature Verified	

- 本人 / 吾等現授權本人 / 吾等之下述銀行，(根據受益人或其往來銀行不時給予本人 / 吾等銀行之指示) 由本人 / 吾等之賬戶內轉賬予上述受益人。惟每次轉賬金額不得超過以下指定之限額。
  - 本人 / 吾等同意本人 / 吾等之銀行毋須證實該等轉賬通知是否已交予本人 / 吾等。如因該等轉賬而令本人 / 吾等之賬戶出現透支 (或令現時之透支增加)，本人 / 吾等願共同及各別承擔全部責任。
  - 本人 / 吾等同意如本人 / 吾等之銀行並無足夠款項支付該等授權轉賬，本人 / 吾等之銀行有權不予轉賬，且銀行可收取慣常之收費，並可隨時以一星期書面通知取消本授權書。
  - 本授權書將繼續生效直至另行通知為止或直至下列到期日為止 (以兩者中最早之日期為準)。
  - 本人 / 吾等同意，本人 / 吾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 / 吾等之銀行。
- I/We hereby authorize my/our below named Bank to effect transfer 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 and/or its banker from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below.
  - 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. 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).
  - I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorised, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorisation at any time on one week's written notice.
  - This authorisation shall have effect until further notice or until the expiry date written below (Whichever shall first occur).
  - 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 such cancellation/variation is to take effect.

- \* 備註: 1. 請將直接付款授權書寄回香港新界將軍澳靈實路七號基督教靈實協會財務組收。  
Note: Please send Direct Debit Authorisation Form to Finance Section, Haven of Hope Christian Service, 7 Haven of Hope Road, Tseung Kwan O, N.T., Hong Kong.
2. 捐款港幣100元或以上將獲發減稅收據。  
Tax deductible receipt will be given to donations of HK\$100 or above.
3. 電話 / Tel: 2703 3284 圖文傳真 / Fax: 2702 8173

捐款人之個人資料，只為傳遞本會資訊及籌款之用。若捐款者不願收到本會資訊或需要更改個人資料，請致電 2703 3284 與本會傳訊及籌募部聯絡。

Donor's personal data will only be used by HOHCS for passing information and fundraising work. Donors who don't want to receive our information or want to change their personal data, please contact our Communications and Resource Development Department at 2703 3284.