

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: _____

信用咭直接付款授權書 Credit Card 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

信用咭類別 Type of Credit Card :		
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Diners <input type="checkbox"/> American Express		
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
信用咭戶口資料 Credit Card Details		
持咭人姓名 Name		
發咭銀行 Card Issuing Bank	信用咭號碼 Card Account No.	
每月付款之限額 Limit for Each Month	有效日期 Card Expiry Date 日 Day 月 Month 年 Year	
由本會填寫檔案編號 Debtor's Ref. (For Office Use)		
簽署 Signature(s)		
銀行專用 For Bank Use Only	Remarks	Signature Verified

- 本人同意在以下信用咭之戶口轉賬予基督教靈實協會，作為定期捐助費用。每次轉賬金額不得超過以下指定限額。
 - 本人同意本人之發咭銀行（簡稱「銀行」），只需在本人每月信用咭賬戶月結單上註明所扣除的相關金額即可，銀行毋須將有關扣款另行通知本人。
 - 本人同意如本人之結賬戶之信貸額不足以支付應扣款項時，銀行將有權自行決定從本人賬戶扣除該款項。
 - 若由於扣款造成本人之咭賬之結欠賬款高於信貸額，本人將自行承擔所有責任。
 - 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）。
- I hereby authorise Haven of Hope Christian Service (HOHCS) to charge my Card Account for the monthly donation provided always that the amount of any one such transfer shall not exceed the limit indicated below.
 - I agree that my card issuing bank (the "Bank") shall debit the relevant amounts from my monthly Card Account statement, and the Bank shall not be obliged to ascertain whether or not notice of any such debit has been given to me.
 - I agree that should there be insufficient credit available in my Card Account to meet such debit, the Bank shall nonetheless be entitled, in its discretion, to effect such debit.
 - I accept full responsibility for any consequences of the existing limit applicable to my Card Account being exceeded.
 - This authorisation shall have effect until further notice or until the expiry date written below (whichever shall first occur.)

- * 備註：
Note:
- 請郵寄此授權書予本會財務組，地址：香港新界將軍澳靈實路七號。
Please mail the Authorisation Form to our Finance Section, 7 Haven of Hope Road, Tseung Kwan O, N.T., Hong Kong.
 - 閣下的簽署式樣須與閣下之信用咭上之式樣相同，並在所有曾更改的地方簽署。
Please ensure that the signature used is the same as that on your credit card, and sign all amendments in the same way.
 - 自動轉賬將由靈實一經簽收此授權書約一個月後生效。靈實會將另函通知閣下。
The autopay arrangement will be effective in about 1 month after the receipt of this form by HOHCS. Cardholders will be notified under separate cover.
 - 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.
 - 以信用咭捐款者可傳真此表格到本會。此表格可自行複印。
Please send this form to us by fax if you donate by credit card. Please copy the form if necessary.
 - 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.