



Change of Membership Information/Donation Details

Please select the Donation Programmes

- Animal Sponsorship Programme (ASP)
- Cat Colony Care Programme (CCCP)
- China Animal Welfare Fund
- General Donation
- Others, please specify _____

Change of Personal Details

Mr Ms Miss Full Name in BLOCK Letter: _____
HKID No.:() _____ Membership / Donor No.: _____
Contact Telephone No. (Day): _____ (Night): _____ Email: _____
Mailing Address: _____
_____ District: _____ HK/KLN/NT

Change of Donation Instruction

Change monthly donation amount from HK\$_____ to HK\$_____

Update credit card information

Visa MasterCard AMEX Other: _____

Credit Card Number: _____ Expiry Date: ____/____ (mm/yy)

Name of Cardholder: _____

Signature: _____ Date: _____

Direct debit from bank savings account

Please fill out the Direct Debit Authorization Form in page 2 and send the original copy to SPCA Membership Department.

** Donations of HK\$100 or above are tax-deductible in Hong Kong.*

Please complete and return this form to:

Membership Department, SPCA (HK), 5 Wan Shing Street, Wanchai, Hong Kong

Tel: (852)2232 5510

Fax: (852)2511 5590

<http://www.sPCA.org.hk>

Thank you for supporting SPCA!

Direct Debit Authorisation Form (Please send the original copy)

願意每月捐助愛護動物協會，救助孤苦無依的動物 請填妥下列直接付款授權書 Please fill in the direct debit form below if you would like to make a monthly donation to help "Unfortunate Animals" in Hong Kong <small>(Please send the original copy 請郵寄正本)</small>		
收款之一方 (受惠機構) Name of party to be credited (The beneficiary) 香港愛護動物協會 Society for the Prevention of Cruelty to Animals (Hong Kong)	銀行編號 Bank No.	分行編號 Branch No. 收款賬戶之號碼 Account No. to be credited <div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;"> 0 0 4 0 0 2 2 2 2 4 3 8 0 0 1 </div>
本人 / 吾等之銀行及分行之名稱 My/Our Bank Name and Branch	銀行編號 Bank No.	分行編號 Branch No. 本人 / 吾等之賬戶之號碼 My/Our Account No. <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
本人 / 吾等在結單 / 存摺上所紀錄之名稱 My/Our Name as recorded on Statement/Passbook		
每月付款之限額 Limit for each Monthly Payment 港幣 HK\$ [] 每次 Each Payment 注意: 如無填寫, 付款銀行會將轉賬限額設為「不設上限」 Note: if blank, the debtor's bank will set as "unlimited".	[] 每月 Each Month	到期日 (日 / 月 / 年) Expiry Date (dd/mm/yyyy) <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> 注意: 如無填寫, 此直接授權書將無限期有效直至另行通知 Note: if blank, this authorisation shall have effect until further notice.
本人 / 吾等在結單 / 存摺上所紀錄之地址 My/Our Address as recorded on Statement/Passbook		
聯絡電話號碼 Contact Telephone No.	本人 / 吾等之簽名 (銀行戶口簽名) My/Our Signature(s) (as signed for bank account)	日期 Date
此欄由本會職員填寫 For official use only		
香港愛護動物協會債務人參考編號 SPCA Debtor Reference Number <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>	供銀行專用 For Bank Use	簽名式樣核對 Signature Verified

1. I/We hereby authorise my/our above named Bank to effect transfers 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 and/or its banker's correspondent from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated above.
2. I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer or reversal notice has been given to me/us.
3. 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).
4. 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.
5. This direct debit authorisation shall have effect until further notice or until the expiry date written above (whichever shall first occur). I/We agree that if no transaction is performed on my/our account under such authorisation for a continuous period of 30 months, my/our Bank reserves the right to cancel the direct debit arrangement without prior notice to me/us, even though the authorisation has not expired or there is no expiry date for the authorisation.
6. 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.

Please complete and return this form to:

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