

Name of Donor (in English): \_\_\_\_\_

(Please ✓ either one)

Name of benefited Parish / Diocesan Bureaux: \_\_\_\_\_

Other: \_\_\_\_\_

I would like to donate at one time / each month# HK\$ \_\_\_\_\_

#(Please delete whichever is inapplicable)

Details of my VISA Card are as follow:

VISA Card No. : [4][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ]

Valid thru\*: \_\_\_\_ mth \_\_\_\_\_ yr \*(Valid for a minimum of 2 months)

Cardholder's Name: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Daytime Contact Tel: \_\_\_\_\_

Please fill and send back the Donation Form to the above-named Party or H.K. Central Council of Catholic Laity.

1 Tai Shek Street, Sai Wan Ho, Hong Kong.

The personal data collected will be treated as strictly confidential and will be used only for issuing receipts and other communications with you.

For enquiries, please contact the above benefited party or H.K. Central Council of Catholic Laity at 2560 3800.