



FAMILIES OF SMA (Spinal Muscular Atrophy) CHARITABLE TRUST



Donation Form



☐ **YES! I want to make a one-off donation of:**

☐ HK\$100 ☐ HK\$200 ☐ HK\$300 ☐ HK\$500 ☐ HK\$1,000 ☐ Others: HK\$ _____

Personal Information

Name (Mr./Ms./Dr.): _____ Mailing Address: _____

Tel (Daytime): _____

Email: _____

Donation Method

☐ Cheque

(Please make cheque payable to: Families of S.M.A. Charitable Trust)

☐ Credit Card



Cardholder's Name: _____

Card No.: _____ - _____ - _____ - _____

Expiry Date: _____

Cardholder's signature: _____

Auth. Code: _____ (For Official Use Only)

☐ Direct Bank Payment

Please make your donation at any branch of **HSBC**.

Account number: 002-6-404517

Please mail or fax your deposit slip to us.

☐ PPS

Please call PPS at 18031 or visit website www.ppskh.com

PPS Merchant code: 9415

Please state your telephone number: _____

Date: _____

I/We hereby authorize 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 from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated above.

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 authorized, 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 authorization at any time on one week's written notice.

This authorization shall have effect until further notice.

I/We agree that any notice of cancellation or variation of this authorization 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.

If you require a receipt, please tick this box. ☐

All donations over HK\$100 are tax deductible. Charitable Trust accounts are audited by Albert S.C. Young & Company.

PLEASE MAIL THIS FORM TO:

FAMILIES OF SMA CHARITABLE TRUST

Room 1402, 14/F, SUP Tower, 83 King's Road, North Point, Hong Kong

Tel: 2811-1767 Fax: 2510-7199 Website: www.fsma.org.hk Email: info@fsma.org.hk