

美國捐款表格 US Donation Form

A 501(c)3 non-profit organization

登記日期 Register Date:

_____/_____/_____

請在空格內 Please whichever appropriate.

一般捐款 Donation for General Fund

"Silver Lining Partner" Monthly Donation
【雲彩伙伴】按月支持雲彩各項服務

US\$20 US\$50
 US\$100 US\$ _____

一次性捐款
One time only US\$ _____

助養小天使計劃 Little Angel Child Sponsorship Program

我願意參加【助養小天使計劃】，助養 _____ 名有需要的孩子。
I'd like to be a Child Sponsor and sponsor _____ needy child(ren).

每月 Monthly US\$38 半年 Half-Yearly US\$228 每年 Yearly US\$456

大學基金 College Fund

我願意參加【大學基金】，幫助 _____ 名有需要的大學生。
I'd like to be a College Fund and sponsor _____ needy Student(s).

每月 Monthly US\$50 每年 Yearly US\$600

捐款人資料 Donor Information

姓名 Name : _____ 聯絡電話
Mr. /Ms. _____ 先生 /女士 Tel : _____

電郵 E-mail : _____

通訊地址 Mailing Address : (請用正楷填寫 Please use capital letter)

只要成為助養天使，你便可獲得一隻「夢想小天使」，盼望小天使能讓你想起與助養孩子的羈絆，祝福及守護孩子追逐夢想！

Become a sponsor today and receive a "Little Angel". We hope this Angel will help you remember your sponsored child!



不需要《夢想小天使》 No Needed Angel

所收集的個人資料，雲彩行動將絕對保密，只用於通訊和寄發收據。請以“✓”號表示：

本人不同意收取雲彩行動的通訊。
(如閣下未有選擇意向，本機構將定期寄發雲彩行動的通訊，直至另行通知。)

*我希望透過 電郵 / 郵寄接收機構通訊。
Your personal data will be kept strictly confidential and be used only for communications and receipting purpose. Please "✓" to indicate:
 I disagree to receive news from Silver Lining Missions.

(If you did not indicate your preference, we will send you our news until further notice.)

*I prefer E-mail / Mail.
(Language : English only)

捐款方法 Donation Methods

支票 Check 抬頭請註明「Silver Lining Missions」並連同表格寄回本會。
Payable to "Silver Lining Missions" and send it with this completed form

銀行自動轉賬 Automatic Bank Transfer 姓名 Name : _____ 金額 Amount : \$ _____ 每月 Monthly
地址 Address : _____ 每年 Yearly

賬戶號碼 Checking Account Number : _____

路由號碼 Routing Number : _____ 簽名 Signature X _____

我同意授權我的銀行定期從我的賬戶中轉出上述金額。每筆捐款的記錄都將包含在我的每月銀行帳戶對帳單中。

I authorized my bank to transfer the amount indicated above from my account regularly.

A record of each donation will be included in my monthly bank account statement.

信用卡捐款 Credit Card Donation

VISA Mastercard AMERICAN EXPRESS (AE: 4 digit CSC)

金額 Amount : \$ _____

每月 Monthly
 每年 Yearly
 一次性 One Time

信用卡號碼 Credit Card No. _____ - _____ - _____ - _____ CVV 代碼 Code* _____

(下方註釋 Note below)

持卡人姓名 Cardholder's Name _____

有效期至 Card Expiry Date _____ MM月 _____ YY年

信用卡持有人簽署 Cardholder Signature X _____

本人同意此授權書於本人之信用卡有效期後及獲續發新卡時繼續生效，並毋需另行填寫授權書。若以信用卡作定期捐款，有關捐款將會定期過數，直至另行通知。

I agree the validity of this agreement will continue before or after the expiry date of my credit card account. Regular donations paid by Credit Card will be debited automatically from your account until further notice.

*注：CVV代碼是印在背面簽名條上的 3 位數字值。(美國運通4位CSC印在卡的正面。)

*Note: CVV code is a 3 digit value printed on the signature strip on the back.

(American Express 4 digit CSC is printed on the front of the card.)

PayPal



www.silverliningmissions.org

捐款收據 Donation Receipt

凡捐款20美元或以上，我們會發出正式收據作扣稅用途。

For donations of US\$20 or above, an official receipt will be issued for tax deduction purpose.

請給我收據 Please send me a receipt
(收據姓名 Receipt made to : _____)

為了幫助節省管理成本，請不要給我收據。
To help save administration costs, please do not send me a receipt.