

What I Support

<input type="checkbox"/> According to CEDAR's Need	Gift Amount (HK\$)	<input type="checkbox"/> Restored Dignity for the Poor	Gift Amount (HK\$)
<input type="checkbox"/> Poverty Education	<input type="text"/>	<input type="checkbox"/> Remove Price Tag, Free Body & Soul	<input type="text"/>
<input type="checkbox"/> Development & Advocacy	<input type="text"/>	<input type="checkbox"/> Care for the Disaster-stricken Poor	<input type="text"/>
<input type="checkbox"/> Relief & Rehabilitation	<input type="text"/>	<input type="checkbox"/> Join Hands Join Hearts	<input type="text"/>
<input type="checkbox"/> Other: <input type="text"/>	<input type="text"/>		

2021/2022 budget is HK\$23,429,000, at least 80% of our funding will be used for community development, relief work and education programmes.

Donor's Information > BLOCK LETTERS

Name: (First) (Last) (Pastor / Deacon / Mr. / Ms.)
(Please use the same name as in your tax information)

Address:

E-mail:

Church:

Phone:

I would like to invite CEDAR staff to share in my community

Donation Method > Monthly donation will be debited automatically from your autopay or credit card account monthly until your further notification.

Credit Card

VISA Mastercard UnionPay JCB

Card No.:

Cardholder's Name:

Card Expiry Date: / (MM/YY) (Valid for at least 3 months)

Signature:

(Must be the same signature on the back of the card)

Autopay

Only original form can be accepted for monthly direct debit autopay. Please sign against any amendment(s) / correction(s). Please write in BLOCK LETTERS.

Name of Party to be Credited (The Beneficiary)	Bank No.	Branch No.	Account No.	*Limit for each Payment
CEDAR FUND 施達基金會	0 0 4	6 0 0	3 8 5 6 7 8 0 0 1	
My / Our Bank Name and Branch	Bank No.	Branch No.	My / Our Account No.	My / Our Name(s) as recorded on Statement/Passbook
Name of Debtor (if other than account holder)	My / Our Address as record on Statement / Passbook		*Expiry Date (DD/MM/YYYY)	*My / Our Signature(s)
<i>For Official Use Only</i>				
Debtor's Reference Number	For Bank Use	Signature Verified	Contact Tel. No.	Date (DD/MM/YYYY)

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 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 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 authorisation shall have effect until further notice or until the expiry date written above (whichever shall first occur). 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. 7. The Bank may charge an instruction setup/amendment fee from my/our account stated above in accordance with the way charge an instruction setup/amendment fee from my/our account stated above in accordance with the rate as specified by the Bank from time to time.

* Notes: 1. If the amount of your payments are likely to vary each time, set the Limit for Each Payment at the maximum amount you would expect to pay at any one time. 2. If "Limit for Each Payment/Month" is not specified, the debtor's bank will set the limit as "unlimited". 3. This Direct Debit Authorisation will be cancelled automatically on the date included in the box marked "Expiry Date". If you wish the Direct Debit Authorisation to have effect indefinitely (or until cancelled by you) please leave box blank. 4. Please ensure that you sign the form in the usual way that you would sign on your Bank Account.

Donation Receipt > Donations of HK\$100 or above are tax-deductible in HK with our receipts > For regular donation by autopay or credit card, an annual receipt will be issued in April.

Annual Receipt No Receipt Receipt Delivery, if needed By E-mail By Post

Privacy Policy Statement of Collecting Data

CEDAR Fund and its subsidiaries (subsequently referred to as "the Organisation") ensures compliance with the Personal Data (Privacy) Ordinance to protect privacy, confidentiality agreements and to ensure the collection and storage of personal data is properly managed and reasonably and adequately protected. > Your personal information (including but not limited to your name, phone number, fax number, email address, mailing address, affiliated church/organisation/company/school) will be used by the Organisation for the matters (including but not limited to contacting, handling event registrations, issuing receipts, research/analysis/statistical purposes, fundraising, opinion gathering, event/training course invitations/provision of information of the Organisation). > Your provision of personal information to the Organisation is purely voluntary. If you cannot provide sufficient personal information, the Organisation may not be able to process your application or provide you with any services. > Your personal data will only be passed on to third parties (including but not limited to banks, employees designated by the Organisation, authorised agents or processors who are instructed to handle donation procedures) when it is necessary to process donations. With the exception of any legal requirements, the Organisation will not disclose your personal information to other third parties without your consent. > You are entitled to access and correct your personal data being retained by the Organisation and request the Organisation to cease to use personal data for promotional purposes at any time without costs. You can contact the Organisation through the following channels: > Mailing address: Suite 504, Rightful Centre, 12 Tak Hing Street, Kowloon, Hong Kong, CEDAR Fund Tel: (852) 2381 9627 Email: sharing@cedarfund.org > If there is any inconsistency or ambiguity between the Chinese version and the English version, the Chinese version shall prevail.

I do not want to receive event/training course invitations/provision of information of the Organisation.