

## 「關懷愛滋好友」月捐計劃 - 更改個人資料 / 捐款安排 Friends of AIDS Concern Monthly Donation Program - Change of Personal Information / Donation Arrangement

### 個人資料 Personal Information:

姓名 Name in Full\*: \_\_\_\_\_ (Mr先生/ Ms女士)  
 聯絡電話 Contact No.\*: \_\_\_\_\_ 「關懷愛滋好友」  
 會員編號 Donor No.: \_\_\_\_\_  
 \* 必須填寫 Required Field

### 更改個人資料 Change of Personal Information:

聯絡姓名 Contact \_\_\_\_\_  
 聯絡電話 Contact No.: \_\_\_\_\_ 電郵 E-mail: \_\_\_\_\_  
 地址 Address: \_\_\_\_\_

### 更改捐款方式 Change of Payment Method:

以信用卡方式付款 Pay by Credit Card  更改信用卡 Change of Credit Card  
 Visa  Master

持咭人姓名 Cardholder's Name: \_\_\_\_\_  
 信用卡號碼 Card No.: \_\_\_\_\_ - - -  
 發咭銀行 Card Issuing Bank: \_\_\_\_\_  
 有效期至 Expiry Date: \_\_\_\_\_ (月月 MM) / \_\_\_\_\_ (年年 YY)

### 更改捐款額 Change of Donation Amount:

現時捐款額 Current Donation Amount: \_\_\_\_\_ 每月港幣 HK\$ \_\_\_\_\_ / month  
 更改後捐款額 Latest Donation Amount: \_\_\_\_\_ 每月港幣 HK\$ \_\_\_\_\_ / month

本人清楚並同意以上資料之更改 I clearly understand and agree with the above changes:

簽名 Signature: \_\_\_\_\_ 日期 Date: \_\_\_\_\_

|                              |                         |                |
|------------------------------|-------------------------|----------------|
| 只供內部填寫 For Internal Use only | 負責人 Processed by: _____ | 日期 Date: _____ |
|------------------------------|-------------------------|----------------|

請將表格傳真 (2505-1682) / 電郵 (ac\_donor@aidsconcern.org.hk) / 郵寄至「關懷愛滋」以作記錄！  
 如有查詢，請致電2898 4411。

Please return this form by Fax / Email / Mail to AIDS Concern for record! For enquiry, please call 2898 4411.

關懷愛滋的願景是「三零」香港：零新感染、零標籤及零愛滋病相關死亡。我們將從個人、機構、社會層面出發，帶動全面的社會改變，阻遏愛滋病毒傳播，消除社會對感染者的負面標籤。

AIDS Concern's vision is a Hong Kong with ZERO new HIV infections, ZERO stigma and ZERO AIDS deaths. We will achieve this by leading social change with individuals, organizations and society. Together we will stop the spread of HIV/AIDS and eliminate stigma for people living with HIV.