

# 『康恩關懷中心』捐款回應表

## Donation to CanCare Centre

捐款者姓名(請用英文正楷填寫) Donor's name (Please print): \_\_\_\_\_

地址(請用英文正楷填寫) Address (Please print):  
\_\_\_\_\_

電話/手提 Phone/Mobile: \_\_\_\_\_ 電郵 email: \_\_\_\_\_

所屬教會(如有) Church (if applicable): \_\_\_\_\_

我願意支持『康恩關懷中心』的事工，現附上:

I would like to financially support CanCare Centre:

現金/支票捐款 Cash/Cheque Donation \$ \_\_\_\_\_

支票抬頭請寫 Name for Cheque: CanCare Centre

每月捐款 Monthly donation \$ \_\_\_\_\_

或獻款從所選的信用卡扣除 or donation from your nominated credit card: \$ \_\_\_\_\_

Visa     Mastercard     Amex

信用卡號碼 Credit card numbers:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

持卡人姓名(請用英文正楷填寫) Card holder's name (Please print): \_\_\_\_\_

信用卡有效日期至 Credit card valid to: \_\_\_\_/\_\_\_\_/\_\_\_\_

持卡人簽名 Card holder signature: \_\_\_\_\_ 日期 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

需要收據退稅 Receipt for donation:  是 yes     否 no

Completed form can be emailed to 表格填寫後可電郵 [info@cancarecentre.org.au](mailto:info@cancarecentre.org.au)

or mailed to 或郵寄

51 Hawkesbury Road, Westmead NSW 2145.

Any enquiries, please contact 如有查詢, 請致電 0412 38 48 38

(\$2 捐款或以上可憑收據退稅, 收據將於財政年底前郵遞所提供的地址)

(\$2 donation or over is tax deductible, receipt will be posted to your address before the end of the financial year.)

**施比受更為有福，願神祝福您！**

***It is more blessed to give than to receive. May God bless you!***