



Tzu Chi Foundation Australia 慈濟澳洲分會
Donation Authorisation Form (please complete 1 & 2, or 1 & 3)
捐款表格 (請填下項1, 2 或 1,3)

(1) Donor Information 捐款者資料			
First Name 名字	Surname姓(or name of organisation 或機構名稱)		Chinese Name 中文姓名
Address地址：			
Suburb 區	Postcode郵遞區號	Phone電話	
***Email Address電郵		Tzu Chi Contact Person 慈濟聯絡人	
Donation Type (please select types as required) 請選擇捐款種類 (minimum donation per item每項最低捐款 \$10)			
Australian tax deductible 可在澳洲抵稅		Monthly donation 每月捐款	Single donation 一次性捐款
AUS0 Charity 慈善		\$	\$
AUS1 Indirect cost 營運開支		\$	\$
ASY0 Asylum seekers 庇護援助		\$	\$
MED2 Free medical service 義診		\$	\$
STAR Autistic Help (Starson) 星兒援助		\$	\$
No Australian tax deduction 不能在澳洲抵稅			
INT0 Tax deductions forgone 不抵稅捐款		\$	\$
Donation total捐款總數		\$ _____	\$ _____
Monthly donation 每月捐款 from 從 _____(year 年) _____(month 月) _____(date 日) 開始			

Preferred payment method 捐款方法(以信用卡或銀行過戶) ***			
(2) Credit Card 信用卡資料			
Cardholder Name: 持卡人姓名		<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	
Credit Card Number信用卡號碼 _____		Expiry使用期限 _____ / _____	
Signature 持卡人簽名		Date 填表日期	
(3) Direct Debit 銀行過戶			
Account Name 戶口名字		Bank 銀行	BSB No 銀行編號
Account No 賬戶數碼	Signature 簽名	Date 填表日期	

Yes, I would like to receive communication emails from Tzu Chi以後請把有關慈濟的訊息電郵給我

填妥捐款表格後，請郵寄至 20-22 Glen Street Eastwood 2122，或掃描後電郵至 donations@tzuchi.org.au Please return completed form by post, or scan and email as per above
*** 多謝您的慷慨捐款。請查核閣下每月之信用卡或銀行結算單，以確保數據無誤。全年之正式收據將依上列資料於七月底以前以電郵送出。Thank you for your generous support. An annual receipt will be emailed to you by end of July each year. In the meanwhile, please promptly check your monthly statements from credit card or bank for correctness.