



15KM SWIM (DOUBLED) TO RAISE FUNDS FOR BOTH WAH YANS

On 12th October 2013, eight Wah Yan alumni will be joining two friends to form **two teams** to take part in the **15km Clean Half Swim**, which has been ranked as “the top ocean swim in Asia” (See [The Clean Half website](#), [Clean Half Turns 50 article](#)). They are to test their physical endurance, team spirit, and to raise funds for the two Wah Yan hardware projects, namely the construction of the **New School Hall of Wah Yan College, Hong Kong**, and the **Grass Pitch Conversion (Artificial Turf) Project of Wah Yan College, Kowloon**. They will start off at Stanley Main Beach, cross Tai Tam Bay to reach the opposite shore, then brave the strong waves east to Wong Ma Kok, pass the southern end of the Tai Tam Peninsula, Chung Hum Kok, Round Island, Middle Island, ending up on the shore of Deep Water Bay.

The eight Wahyanite swimmers are: Kelvin Kwok (WYHK 1989), Gavin Lam (WYHK 1975), Laurence Lee (WYHK 1975), John Liu (WYK 2013), Stephen Luk (WYHK 1975), Francis Poon (WYHK 1975), John Tan (WYHK 1981, former WYK principal) and Joshua Wong (WYK 2013). Friends joining them are Ronald Wan and Douglas Ip.

The Wahyanite swimmers appeal to members of the Wah Yan Family to support their marathon swim of a total of 30km, by donating to either or both of the Wah Yan hardware projects. Donation forms to each of the projects are attached to this appeal, and further information about the projects can be found at the [SDP website](#) of WYHK (which includes forms for other modes of donation) and [Grass Pitch Conversion Project Appeal](#) of WYK.

If you are supporting this cause, please complete the attached form(s) and send it/them with payment to the address(es) stated on the form(s), and inform our team leader Kelvin Kwok (kelvinwckwok@gmail.com) the amount(s) of your donation(s).

THANK YOU FOR YOUR SUPPORT FOR THE TWO WAH YANS!



Wah Yan College Hong Kong School Development Project - Donation Form

The Clean Half Appeal

I, _____ of _____
(name in block letters) (address in block letters)

hereby make a donation of _____ to the Wah Yan College, Hong Kong – SDP.

Date the _____ day of _____, _____ Signature: _____

捐款額及次數 Donation Amount & Frequency

我願意每月捐款 I am willing to donate monthly:
 HK\$100 HK\$500 HK\$1000 其他 Your choice HK\$ _____
 (請以自動轉賬或信用卡捐款 Please fill in the autopay form or your credit card information below)

或 OR 我願意一次過捐款 I would like to make a one-off donation of:
 HK\$ _____ (請以信用卡或支票捐款 Please use credit card or cheque)

捐款方法 Donation Method

自動轉賬 By autopay (請填寫下部的自動轉賬授權書 Please fill in the autopay form in the next part)

劃線支票 By crossed cheque

(抬頭請註明「Wah Yan College, Hong Kong - SDP」 Please make cheque payable to "Wah Yan College, Hong Kong – SDP")

支票號碼 Cheque number: _____ 發票銀行 Issuing bank: _____

信用卡 By credit card

信用卡號碼 Credit card number: _____
 VISA: - -
 Master Card: - -

支票抬頭請註明「Wah Yan College, Hong Kong – SDP」, 寄回香港皇后大道東 281 號香港華仁書院譚兆炳校長收。Cheque should be made payable to "Wah Yan College, Hong Kong – SDP" and sent to Mr. Tam Siu Ping, George, Principal, Wah Yan College, Hong Kong, 281 Queen's Road East, Hong Kong.

每月捐款將在信用卡到期日後自動延續, 直至閣下另行通知為止。信用卡捐款將在收到此表格後約 10 個工作天生效, 並會在每月第三個工作天左右過數。Upon expiry and renewal of a credit card, monthly donations will continue unless prior notification is made. Donations will be effective after 10 working days upon receipt of this form. Transactions will normally be processed around the 3rd working day of every month.

所收集的個人資料將保密處理, 作為寄發收據及與你通訊的用途。The personal data collected will be treated as strictly confidential and will be used only for issuing receipt and other communications with you.

自動轉賬授權書 Autopay Authorization Form

| | |
|--|---|
| 收款機構(受益人) Name of party to be credited (The Beneficiary) Wah Yan College, Hong Kong - SDP | 銀行賬號 Bank Account Number: 020-601-120-3059-6 |
|--|---|

請寄回表格正本, 任何塗改請簽名以示確認。為方便電腦處理, 以下資料請以英文正楷填寫。
 Only originals are accepted. Any alteration requires signature. PLEASE PRINT IN BLOCK LETTERS.

| | | | | |
|---|---|-----------------------------|-----------------|------------------------------|
| 本人(等)之銀行及分行名稱 My / Our Bank Name and Branch | | 銀行編號 Bank No. | 分行編號 Branch No. | 本人(等)賬戶號碼 My/Our Account No. |
| 本人(等)戶名 My/Our Account Name | | 本人(等)地址 My/Our Address | | |
| 每次/月*付款額 Limit for each* Payment/Month | 到期日(請參閱下列各點) Expiry Date (See Notes Below) D D M M Y Y | 本人(等)簽名 My/Our Signature(s) | | 日期 Date |
| 債務人姓名(若非賬戶持有人) Name of Debtor (if other than account holder) | | Signature Verified | | |
| 債務人參考(請勿填寫) Debtor's Reference (Please do not fill in this box) | | 以下由銀行填寫 For Bank Use Only | | |

本人(等)現授權本人(等)之下述銀行, (根據受益人不時給予本人(等)銀行之指示)自本人(等)之賬戶內轉賬予受益人。惟每次之轉賬金額不得超過所指定之限額。

I/We hereby authorize my/our below named Bank to effect transfers from my/our account to that above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below. 本人(等)同意本人(等)之銀行毋須證實該等轉賬通知是否已交予本人(等)。
 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.

如因該等轉賬而令本人(等)之賬戶出現透支(或令現時之透支增加), 本人(等)願共同及各別承擔全部責任。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).

本人(等)同意如本人(等)之賬戶並無足夠款項支付該等授權轉賬, 本人(等)之銀行有權不予轉賬, 且銀行可收取慣常之收費, 並可隨時以一星期書面通知取消本授權書。

I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, 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 authorization at any time on one week's written notice. 本授權書將繼續生效直至另通知為止或直至下列到期日為止(以兩者中最早之日期為準)。
 This authorization shall have effect until further notice or until the below written expiry date (which shall first occur).

本人(等)同意, 本人(等)取消或更改本授權書之任何通知, 須於取消/更改生效日最少兩個工作天之前交予本人(等)銀行。I/We agree that any notice of cancellation or variation of this authorization 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.

附註 Notes:

- 如 各端付款之數額每次可能不相同, 則請將最高者定為每次付款之最高限額。
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.
- 本直接付款授權書將於「到期日」一欄中所填寫之日期自動撤銷。如 貴戶意欲本直接付款授權書無限期有效(或直至 貴戶予以撤銷為止), 則請將該欄留空。
This Direct Debit Authorization will be cancelled automatically on the date included in the box marked 'Expiry Date'. If you wish the Direct Debit Authorization to have effect indefinitely (or until cancelled by you) please leave box blank.
- 請保證 貴戶在此授權書內之簽名, 與銀行賬戶所簽者完全相同。
Please ensure that you sign the form in the usual way that you would sign on your Bank Account.

*請刪去不適用者 Delete whichever is not appropriate.

九龍華仁書院

中國香港特別行政區
九龍高打老道 56號
電話 Telephone: (852) 2384 1038



WAH YAN COLLEGE, KOWLOON

56 Waterloo Road, Kowloon,
Hong Kong S. A. R., CHINA
傳真 Facsimile: (852) 2770 5095

A Jesuit Secondary School

Grass Pitch Conversion (Artificial Turf) Project Donation Form

1. State your amount of donation (tick one box)

- I/We would like to donate HK\$_____ (\$1,000,000 or above) to become a Patron to support the above project.
- I/We would like to donate HK\$_____ (\$500,000-\$999,999) to become a Gold Sponsor to support the above project.
- I/We would like to donate HK\$_____ (\$200,000-\$499,999) to become a Silver Sponsor to support the above project.
- I/We would like to donate HK\$_____ to become a Supporter to support the above project.
- I/We would like to donate HK\$_____ to support the above project.

Remarks: Patrons, Gold Sponsors, Silver Sponsors and Supporters will be entitled to the display of their preferred name and logo (if any) in related communications and other channels of acknowledgement.

2. State whether you need an official receipt (tick box if applicable)

- Please issue an official receipt for the name below and send it to the address provided (for donations of \$100 or above only; mailing address: _____).

3. Choose one of the two authorized payees (both are tax-exempt charitable institutions) and send form and cheque to one of the two below (tick one box)

- “Fr. Kelly Educational Fund Ltd.”** as payee – Please send this form and your cheque to “Fr. Kelly Educational Fund, c/o Wah Yan College, 56 Waterloo Road, Kowloon, Hong Kong.”
- “Wah Yan One Family Foundation Limited”** as payee – Please send this form and your cheque to “Wah Yan One Family Foundation Ltd, 17/F, Centre Point, 181 Gloucester Road, Wanchai, Hong Kong.”

Name: _____

Email address: _____

Telephone: _____

Signature: _____

Date: _____