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繼續升學、脫離負窮

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- 訓練教師







龔曉芳

- 受資助學生2000-2002。 在湖南科技大學取得學士學 位,在長安大學取得碩士學 位。現在於江蘇省鹽城科技 大學擔任講師。



郭家佑

- 受資助學生2005-2007。

在雲南國防工業職 業技術學院取得 士學位。現時

「假如沒有獲得資助,我<mark>只會是個有小學程度的礦工。」</mark>

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每月定期捐款,給予受教育的機會 Your me 請填妥及寄回以下的直接付款授權書 Please fill			本人(等) 同意,本人(等) 取消或更改本授權書的任何通知。須於取消/更改效日最少兩個工作天之前交予本人(等) 的銀行。 注意事項:請寄回表格正本。表格上的資料如有任何更改,請在旁簽名以示
收款之一方(受益人) Name of party to be credited (the Beneficiary)	銀行號碼 分行號碼 收款賬戶 Bank No. Branch No. Account	ⁱ 之號碼 No. to be credited	正思争項・胡司巴衣惟正学・衣惟工即具件知用正門史以・胡江方致石以小 認。 Number of the state of the sta
HOPE WORLDWIDE		4 0 9 0 - 0 0 3	account to that of the above named beneficiary in accordance with su instructions as my/our Bank may receive from the beneficiary and/or its bank
本人/吾等之銀行及分行名稱 銀行號碼 分行號碼 本人/吾等之賬戶號碼		等之賬戶號碼	and/or its banker's correspondent from time to time provided always that t amount of any one such transfer shall not exceed the limit indicated above.
My/Our Bank Name and Branch	Bank No. Branch No. My/Our	Account No.	 I/We agree that my/our Bank shall not be obliged to ascertain whether or not not of any such transfer or reversal notice has been given to me/us.
本人/吾等在結單/存摺上所紀錄之名稱 My/Our Name as reco	rded on Statement/Passbook		 I/We jointly and severally accept full responsibility for any overdraft (or increase existing overdraft) on my/our account which may arise as a result of any su transfer(s).
			 I/We understand that I/we must maintain sufficient funds in the account of business day (before the close of branch banking hours) before the transfer day
本人/吾等在結單/存摺上所紀錄之地址 My/Our Address as red	corded on Statement/Passbook		(as specified in the instructions received by mylour Bank from the beneficial and/or its banker and/or its banker's correspondent from time to time) for it transfer authorised herein. I/We agree that should there be insufficient funds my/our account to meet any transfer authorised herein, my/our Bank will be entitle
每次/每月付款之限額(請刪去不適用者) 本人/吾等之簽名(銀行	戶口签名)	日期	at its absolute discretion, not to effect such a transfer in which event the Bank m levy its usual charges and may cancel this authorisation at any time with notification to me/us. For the avoidance of doubt, the Bank may cancel the
ach time/monthly payment limit delete where not applicable) My/Our Signature(s) (as signed for bank account)		Date	authorisation at its sole discretion at any time without prior notice. This direct debit authorisation shall have effect until further notice or until the expi date written above (whichever shall first occur). I/We agree that if no transaction
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