# Donation in lieu of floral gifts for the Inauguration of the Board of Directors 2013/2014 Donation Form

## To: Tung Wah Group of Hospitals

I/We would like to donate HK\$	in support of your services and as a token of
congratulation to <u>#Mr./Ms./everyone</u>	elected as Board Member(s)
(2013/2014) of your organization. (Please " $\checkmark$ " the	appropriate box(es) and "#" delete if inappropriate.)

## **Donation Method**

#### □ Payment by cheque (by mail; please refer to note 2)

Enclosed is a crossed cheque for HK\$\_\_\_\_\_\_(cheque no.:\_\_\_\_\_) payable to "Tung Wah Group of Hospitals".

## □ Payment by credit card

Credit card donation can be sent to us by fax to 2559 6835. To avoid duplication, please do not post this form after faxing.

I

Credit card no.	-	-	-	□ VisaCard	□ MasterCard
Card valid until				MM	YY
Cardholder's name					
Signature of cardholde	er			Date	

# **Donor's Information**

Donor	r nar	ne: <u>#M</u>	r. /Mrs.																				_
Name on receipt: <u>#Mr. /Mrs.</u>						(Please complete if different from the above)																	
Addre	ess:																						_
E-mai	-mail:										Date of birth: MM							DE	)				
Contact person: <u>#Mr./Mrs.</u>							Tel	.: _								(Daytime	)						
Date:	te:										Signature:												
Donor	r's n	nessage					-						-				·					/	
* *	*	* *	<u>(2)</u> * *	* :	* *	* *	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	-
Note:	1.	1. Donation of HK\$100 or more to Tung Wah is tax deductible.																					
	2.	Please send it with this donation form to Fund-raising Division, 3/F, 12 Po Yan Street, Sheung Wan, Hong Kong.																					
	3.	The personal data you provided will be used only for our fund-raising events and issuance of donation receipts.																					
		If you	do not wa	ant to re	eceive o	ur publi	icity 1	mater	rials,	plea	se ca	all 28	3597	7888	, Fur	nd-r	aisin	g Di	visio	n,			
		Tung Wah Group of Hospitals for follow-up arrangement.																					