TWGHs Medical Equipment Donation Scheme (for Community Services) Donation Form

(Please complete and return this form to us by mail or by fax 2559 6835.)

☑ Yes, I would like to support "**Medical Equipment Donation Scheme (for Community Services**)" to help the needy patients with Tung Wah Group of Hospitals (TWGHs)..

Donation Information

(Please tick the appropriate box(es) or "*"delete if inappropriate.)

Donation in support of procurement of medical and rehabilitation equipment.

(For the code and equipment name, please refer to the equipment list.)

Code	Name of equipment	Value per item (HK\$)	Donated quantity	Sub-total (HK\$)	
	Total: HK\$				
medica	bove equipment is already donated by other well-wisher, I a all equipment and facilities. wledgement on the equipment (Your name will be inscribed			much-needed	
		emory of	·		

□ General Donation

I would like to donate HK\$______ in support of "Medical Equipment Donation Scheme (for Community Services)".

Donor's Information

Name	* Mr / Ms/ Miss	Tel	
Address		Fax	
Email		Date of Birth	Day Month

Donation Method

Crossed Cheque Cheque No.: ______ Please make your cheque payable to the "Tung Wah Group of Hospitals" and return together with this form for an official receipt.

* Mr / Ms/ Miss
rd Valid until
ite

Credit card donation can be made by faxing this form to 2559 6835.

Donation Receipt

Name on receipt		* Mr / Ms/ Miss		
	(If different from donor name)			
To save administration costs, no donation receipt is required.				

The Tung Wah Group of Hospitals ("TWGHs") shall comply with the Personal Data (Privacy) Ordinance in handling and keeping your personal data. TWGHs will not sell and/or provide your personal data to any third party. TWGHs intends to use your personal data (name, address, telephone no., email and fax no.) for future correspondences, fund-raising appeals, promotional activities, training courses, conducting survey, or other related promotional purposes. TWGHs will not use your personal data for the above purposes unless you give your consent. If you do not agree to the use of your personal data for the above purposes, please indicate by putting a tick in the box below. You have the right to access, correct and request TWGHs to stop using your personal data for the above purposes at any time and at no charge by calling 1878 333 during office hours.

 $\hfill\square$ I object to the use of my personal data by TWGHs for the above promotional purposes.

I have read, understood and accepted the statement regarding the collection, use and provision of personal data by TWGHs.

Date:

		: 2559 6835 dress: 12 Po Yan Street,	6835Email: enquiry@tungwah.org.hk 12 Po Yan Street, Sheung Wan, Hong Kong			
For TWGHs use (I)						
Received on		Receipt Issued on			Donation A/C name	CMEDS
Receipt no.	R	Receipt / TYL sent	on		Amount (HK\$)	