TWGHs Medical Equipment Donation Scheme (for Hospitals) 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 Hospitals)**" 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$	

(1) If the above equipment is already donated by other well-wisher, I agree to allocate my donations to other much-needed medical equipment and facilities.

(2) Acknowledgement on the equipment (Your name will be inscribed on the equipment you donated.):

☐ ***Thanks to*** _____ or ☐ ***In memory 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.

❑ **Credit Card** ○ VISA ○ MASTERCARD

Cardholder's Name	* Mr / Ms/ Miss		
Card No.		Card Valid until	Month Year
Cardholder's Signature		Date	

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.

❑ 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.

Signature: _____ **Date**: _____

Donation hotline: 1878 333 Fax: 2559 6835 Email: enquiry@tungwah.org.hk
Website: http://www.tungwah.org.hk Address: 12 Po Yan Street, Sheung Wan, Hong Kong

For TWGHs use (I)

Received on		Receipt Issued on		Donation A/C name	MEDS
Receipt no.	R	Receipt / TYL sent on		Amount (HK$)	