Inauguration of the Board of Directors (2016/2017) **Donation Form**

T	ung Wah Group of Hospitals				
1	/We would like to donate HK\$	in support of your services and as a token of			
congratulation to <u>#Mr./Ms./Mrs./everyone</u>					
	organization. (Please "✓" the appropriate box(es) and "#" delet				
(I)	Donation Method				
	☐ Payment by cheque Enclosed is a crossed cheque for HK\$ payable to "Tung Wah Group of Hospitals".	(cheque no.:)			
	☐ Payment by credit card Credit card donation can be sent to us by fax to 2559 form after faxing.			ion, please do	not post this
	Credit card no			☐ MasterCard	l
	Card valid until	MM		Y	Y
	Cardholder's name				
	Signature of cardholder	Date			
Addr	e on receipt: <u>#Mr./Ms./Mrs./Miss/Company/Group</u> ess:		ease comple	ete if different fr	om the above)
	il:				
	act person:			MM	
Cont		Tel.:			(Daytime)
Contain Date:	act person:	Tel.: Signatu	re:		(Daytime)
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Dono Note: 1. Do 2. If y	act person: cr's message: (1) Please send me () copies of "Frier (2) conation of HK\$100 or more to Tung Wah is tax deductible. Syou would be so kind as to render your support, please cut out	Tel.: Signatus	re:	y Donation Sc WGHs use Receipt issued on	(Daytime)
Date: Dono Note: 1. Do 2. If y and	act person: (1) Please send me () copies of "Frier (2) (2) (2) (3) Onation of HK\$100 or more to Tung Wah is tax deductible. You would be so kind as to render your support, please cut out dadhere the freepost label at the lower right corner to a blank	Tel.: Signatus ads of Tung Wah Received on Receipt no. R	re: n'' Monthl For TV	y Donation Sc WGHs use Receipt issued on Receipt/TYL sent on	(Daytime)
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