

Educational Equipment Donation Scheme Donation Form

Completed form with donation shall be sent by post to Fund-raising Division, Tung Wah Group of Hospitals, 12 Po Yan Street, Sheung Wan or fax to 2559 6835. (Please tick✓ the relevant box(es) or *delete wherever inappropriate)

I am/ We are pleased to support the captioned Scheme by

☐ Donation in support of the procurement of the following equipment

(Should the selected equipment has been chosen by other donor(s), our staff will contact you and propose available equipment-in-need for your consideration.)

No.	Unit Cost (HK\$)	Qty.	No.	Unit Cost (HK\$)	Qty.	No.	Unit Cost (HK\$)	Qty.
A1	10,000		C16	5,000		D9	9,500	
A2	5,000		C17	4,400		D10	59,500	
A3	5,000		C18	60,000		D11	9,500	
A4	8,000		C19	50,000		D12	59,500	
A5	25,000		C20	150,000		D13	9,500	
A6	25,000		C21	30,000		D14	60,000	
B1	10,300		C22	57,000		D15	50,000	
B2	13,300		C23	4,500		D16	40,000	
B3	5,980		C24	50,000		D17	59,500	
B4	29,300		C25	56,000		D18	50,000	
B5	44,600		C26	20,000		D19	200,000	
C1	60,000		C27	30,000		D20	400,000	
C2	20,000		C28	50,000		D21	200,000	
C3	4,400		C29	4,400		D22	59,500	
C4	60,000		C30	50,000		D23	7,520	
C5	20,000		C31	50,000		D24	43,000	
C6	50,000		C32	60,000		D25	59,500	
C7	30,500		C33	30,000		D26	7,520	
C8	3,500		D1	50,000		D27	43,000	
C9	50,000		D2	4,528		D28	43,000	
C10	4,000		D3	73,000		D29	3,000	
C11	4,400		D4	4,528		D30	59,500	
C12	30,000		D5	73,000		D31	7,520	
C13	7,800		D6	4,528		D32	43,000	
C14	150,000		D7	600,000		Total Amount: \$		
C15	60,000		D8	59,500				

• Acknowledgement Arrangement

☐ Acknowledgement on Equipment

☐ In Appreciation of _____ or

☐ In memory of _____

☐ Acknowledgement is not required

☐ Acknowledgement in TWGHs Website and Annual Report (for donation of \$10,000 or above)

☐ Name for Acknowledgement: _____ (If different from the Name of Donor)

☐ Acknowledgement is not required

- ☐ **Donation of HK\$** _____ in support of the Educational Equipment Donation Scheme.
For donation of \$10,000 or above, acknowledgement will be arranged in TWGHs Website and Annual Report.
- ☐ Name for Acknowledgement: _____ (If different from the Name of Donor)
- ☐ Acknowledgement is not required

• Donation Method

- ☐ **By Cheque** (Please mark your crossed cheque payable to "Tung Wah Group of Hospitals")
Bank: _____ Cheque No.: _____
- ☐ **By Credit Card** (Credit card donation can be made by faxing this form to 2559 6835. To avoid duplication, please do not post this form after fax.)
- ☐ VISA ☐ MASTERCARD
- Card No.: _____ – _____ – _____ – _____ Expiry Date: ____ M/ ____ Y
- Name of Cardholder: _____ Signature of Cardholder: _____
- ☐ **Online Donation** (for General Donation only)
Please visit our website (www.tungwah.org.hk) for online donation via credit card, Paypal or Octopus. Donation receipt will be arranged according to the submitted information and need not post this form as to avoid duplication.

• Donation Receipt

- ☐ **Please issue donation receipt**
Name on Receipt : _____ Mr./Miss/Ms./Mrs./Company/Group*
(If different from Name of Donor)
- ☐ **To save administrative cost, donation receipt is not required**

Donor's Information

Name of Donor: _____ Mr./Miss/Ms./Mrs./Company/Group*

Contact Person: _____ Mr./Miss/Ms./Mrs./Company/Group* Title: _____

Tel No.: _____ Fax: _____ Email: _____

Address: _____

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: _____

Remarks:

- Donation of \$100 or above to TWGHs is tax deductible.
- For details, please contact the Fund-raising Division of TWGHs at 1878 333 or 2859 7477.

For Official Use only			
Donation A/C Name	EEDS	Received on	
Receipt no.	R	Receipt issued on	
Amount (HK\$)		Receipt/ TYL sent on	