

2017 / 18 Medical Equipment Donation Scheme (For Community Services) Donation Form

Completed form with donation shall be sent by post to Fund-raising Division, Tung Wah Group of Hospitals, 12 Po Yan Street,

I am/We are pleased to support the captioned Scheme to help the patients in need 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.	Cost per unit (\$)	Qty.	No.	Cost per unit (\$)	Qty.	No.	Cost per unit (\$)	Qty.	No.	Cost per unit (\$)	Qty.	No.	Cost per unit (\$)	Qty.	No.	Cost per unit (\$)	Qty.	No.	Cost per unit (\$)	Qty.	No.	Cost per unit (\$)	Qty.
A1	430,000		A20	39,800		A39	11,280		B3	118,000		B22	38,000		B41	18,220		B60	8,800		B79	2,760	
A2	180,000		A21	37,900		A40	10,400		B4	106,300		B23	37,000		B42	17,500		B61	7,800		B80	2,660	
A3	114,400		A22	36,760		A41	9,000		B5	103,200		B24	35,000		B43	16,800		B62	7,500		B81	2,500	
A4	100,000		A23	35,000		A42	8,000		B6	99,000		B25	34,980		B44	16,140		B63	7,260		B82	2,500	
A5	90,800		A24	33,800		A43	6,800		B7	95,000		B26	34,800		B45	14,000		B64	6,176		B83	2,400	
A6	79,000		A25	33,000		A44	6,200		B8	90,800		B27	33,350		B46	14,000		B65	5,800		B84	2,180	
A7	78,000		A26	33,000		A45	5,460		B9	88,700		B28	32,000		B47	13,970		B66	5,460		B85	2,160	
A8	76,000		A27	30,000		A46	4,900		B10	88,000		B29	30,000		B48	12,800		B67	5,300		B86	2,000	
A9	72,000		A28	29,800		A47	4,780		B11	80,800		B30	29,800		B49	12,500		B68	5,140		C1	50,000	
A10	70,900		A29	29,000		A48	3,990		B12	79,500		B31	29,200		B50	12,000		B69	5,060		C2	40,000	
A11	70,460		A30	26,000		A49	3,530		B13	68,950		B32	28,975		B51	11,440		B70	4,750		C3	10,000	
A12	67,000		A31	25,000		A50	3,400		B14	68,000		B33	26,500		B52	11,280		B71	4,500				
A13	62,000		A32	20,550		A51	3,000		B15	62,000		B34	25,500		B53	11,200		B72	3,700				
A14	60,000		A33	20,000		A52	3,000		B16	61,000		B35	25,000		B54	11,000		B73	3,600				
A15	55,000		A34	16,500		A53	3,000		B17	49,900		B36	24,800		B55	10,500		B74	3,400				
A16	48,800		A35	13,800		A54	2,980		B18	49,800		B37	24,200		B56	10,000		B75	3,150		Total Amount: HK\$_____		
A17	43,800		A36	13,300		A55	2,680		B19	48,850		B38	24,200		B57	10,000		B76	3,000				
A18	43,500		A37	13,000		B1	181,800		B20	48,000		B39	20,680		B58	9,000		B77	3,000				
A19	39,800		A38	12,810		B2	140,000		B21	42,000		B40	19,000		B59	8,800		B78	3,000				

Acknowledgement Arrangement

☐ Acknowledgement on Equipment

☐ In Appreciation of _____ or

☐ In memory of _____

☐ Acknowledgement is not required

☐ Acknowledgement in TWGHs Website and Annual Report

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

☐ Acknowledgement is not required

Sheung Wan or fax to 2559 6835. (Please tick 「✓」 the relevant box(es) or *delete wherever inappropriate)

☐ Donation of HK\$ _____ in support of the Medical Equipment Donation Scheme (for Community Services)

For donation of \$10,000 or above, acknowledgement will be arranged in TWGHs 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 *

Date of Birth: _____ D/ _____ M

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

Title: _____

Tel No.: _____ Fax: _____ Email: _____

Address: _____

☐ Please send me _____ copy(ies) of "Friends of Tung Wah" Monthly Donation Scheme leaflet by post.

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

1. Donation of \$100 or above to TWGHs is tax deductible.
2. For details, please contact the Fund-raising Division of TWGHs at 1878 333 or 2859 7597.

For Official Use only			I
Donation A/C Name	CMEDS	Received on	
Receipt no.	R	Receipt issued on	
Amount (HKD)		Receipt/ TYL sent on	