

2017-18 Medical Equipment Donation Scheme (for Hospitals) 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)

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. | Unit Cost (\$) | Qty. | No. | Unit Cost (\$) | Qty. | No. | Unit Cost (\$) | Qty. | No. | Unit Cost (\$) | Qty. |
|-----|----------------|------|-----|----------------|------|-----|----------------|------|----------------------|----------------|------|
| A1 | 800,000 | | B3 | 160,000 | | B17 | 25,000 | | C13 | 26,960 | |
| A2 | 788,000 | | B4 | 120,000 | | B18 | 25,000 | | D1 | 100,000 | |
| A3 | 750,000 | | B5 | 94,500 | | C1 | 150,000 | | D2 | 62,000 | |
| A4 | 468,000 | | B6 | 72,000 | | C2 | 130,000 | | D3 | 60,000 | |
| A5 | 360,000 | | B7 | 61,000 | | C3 | 96,300 | | D4 | 55,000 | |
| A6 | 278,000 | | B8 | 45,000 | | C4 | 85,000 | | D5 | 35,000 | |
| A7 | 150,000 | | B9 | 45,000 | | C5 | 71,200 | | D6 | 30,000 | |
| A8 | 138,000 | | B10 | 42,600 | | C6 | 60,000 | | E1 | 600,000 | |
| A9 | 129,000 | | B11 | 40,000 | | C7 | 50,000 | | E2 | 75,100 | |
| A10 | 110,000 | | B12 | 40,000 | | C8 | 49,900 | | E3 | 58,000 | |
| A11 | 49,800 | | B13 | 38,000 | | C9 | 40,790 | | E4 | 26,000 | |
| A12 | 28,000 | | B14 | 34,110 | | C10 | 40,000 | | E5 | 24,800 | |
| B1 | 285,000 | | B15 | 34,000 | | C11 | 37,870 | | Total Amount: | | |
| B2 | 175,000 | | B16 | 30,000 | | C12 | 28,500 | | HK\$ _____ | | |

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

Donation of HK\$ _____ in support of the Medical Equipment

Donation Scheme (for Hospitals)

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

(Please tick ✓ the relevant box(es) or *delete wherever inappropriate)

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./Ms./Mrs./Miss/Company/Group*

(If different from Name of Donor)

To save administrative cost, donation receipt is not required

Donor's Information

Name of Donor: _____ Mr./Ms./Mrs./Miss/Company/Group* Date of Birth: _____ D/ _____ M

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

Tel No.: _____ Fax: _____ Email: _____

Address: _____

Please provide _____ 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 of above to TWGHs is tax deductible.
2. For details, please contact the Fund-raising Division of TWGHs at 1878 333 or 2859 7880.

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