

For TWGHs use

Received on		Receipt / TYL sent on	
Received no	R	Donation A/C name	FTW/ DM
Receipt Issued on		Amount (HK\$)	

I would like to make a donation to support the various services of Tung Wah Group of Hospitals :

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

☐ One-off Donation ☐ HK\$2,400 ☐ HK\$1,000 ☐ HK\$800 ☐ HK\$500 ☐ HK\$_____

☐ Monthly Donation ☐ HK\$1,000 ☐ HK\$800 ☐ HK\$500 ☐ HK\$300 ☐ HK\$_____

☐ Increase my monthly donation amount

Existing monthly donation amount	HK\$	+ Increased amount	HK\$	New monthly donation amount	HK\$
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Donation Method

☐ Cheque Cheque No.:_____ (For One-off Donation. Please mark your crossed cheque payable to "Tung Wah Group of Hospitals" and send together with this completed form for issuing donation receipt.)

☐ Credit Card (Applicable to Monthly Donation and One-off Donation) ☐ VISA ☐ MASTERCARD

Card no. : _____ - _____ - _____ - _____ Expiry date : _____ Month/ _____ Year

Cardholder' s name : _____ Cardholder' s signature : _____

1. Please ensure that the signature used is the same as that on your credit card, and sign all amendments in the same way
2. I/We hereby authorized Tung Wah Group of Hospitals to charge my/our card account for the relevant amounts specified above. This authorization shall have effect until further notice. I/We agree that this authorization shall have effect after the valid date of the credit card or replacement of the credit card and no authorization form will be submitted again. I/We agree that any notice of cancellation or variation of this authorization shall be given at 7 working days before such cancellation/variation is to take effect.

☐ Bank Monthly Auto-Pay Authorization Form (Only original is accepted, any alternation require signature)

Name of Party to be credited (The Beneficiary)	Bank No.	Branch No	Account No. of Party
TUNG WAH GROUP OF HOSPITALS	0 0 4	0 0 2	2 5 0 5 5 3 0 0 1
My/Our Bank Name and Branch	Bank No.	Branch No	My/Our Account No.
My/Our Name as recorded on Statement/Passbook	My / Our Hong Kong Identity Card No.		
My / Our Signature(s)			
Same as the signature(s) of your bank account			
1. I/We hereby authorize my/our above named Bank to effect transfer from my/our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary from time to time. 2. I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us. 3. I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s). 4. I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to affect such transfer in which event the Bank may make the usual charge. 5. I/We agree that any notice of cancellation or variation of this authorization which I/we may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect and at the same time such notice shall be given to the beneficiary. 6. We confirm my/our signature(s) on this form is/are the same as the signature(s) of my/our Bank account given above. Until further notice, I/We hereby authorize Tung Wah Group of Hospitals to initiate and the Bank named above to process debits to my/our account from time to time.			

Donor' s Information

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

Email : _____ Tel : _____

Address : _____ ☐ Please provide the latest news of TWGHs by email

Donation Receipt and Acknowledgement

☐ Name on receipt : _____
(If different from donor' s name)

☐ To save administration costs, **no** donation receipt is required.

A cumulative donation of HK\$10,000 will be acknowledged in the annual report :

☐ Name to be acknowledged : _____
(If different from donor' s name)

☐ Acknowledgement arrangement is not 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 : _____

Please send completed form by post to Fund-raising Division, Tung Wah Group of Hospitals, 12 Po Yan Street, Sheung Wan by 31/3/2019.

Enquiry : 1878 333 Fax : 2559 6835 Email : ftw@tungwah.org.hk