

**Inauguration of the Board of Directors (2019/2020)**  
**Donation Form**

WEB

To: Tung Wah Group of Hospitals

I/We would like to donate HK\$ \_\_\_\_\_ in support of your services and as a token of congratulation to #Mr./Miss/Ms./everyone \_\_\_\_\_ elected as Board Member(s) (2019/2020) of your organization. (Please "✓" the appropriate box(es) and "#" delete if inappropriate.)

**(I) Donation Method**

**Payment by cheque**

Enclosed is a crossed cheque for HK\$ \_\_\_\_\_ (cheque no.: \_\_\_\_\_) payable to "Tung Wah Group of Hospitals".

**Payment by credit card**

Credit card donation can be sent to us by fax to 2559 6835. To avoid duplication, please do not post this form after faxing.

Credit card no.	- - -	<input type="checkbox"/> VisaCard	<input type="checkbox"/> MasterCard
Card valid until	MM	YY	
Cardholder's name			
Signature of cardholder			Date

**(II) Donor's Information**

Donor name/Name for acknowledgment: #Mr./Miss/Mrs./Ms./Company/Group \_\_\_\_\_

Name on receipt: #Mr./Miss/Mrs./Ms./Company/Group \_\_\_\_\_ (Please complete if different from the above)

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of birth: \_\_\_\_\_ MM DD

Contact person: \_\_\_\_\_ Tel.: \_\_\_\_\_ (Daytime)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Donor's message: (1) Please send me ( ) copies of "Friends of Tung Wah" Monthly Donation Scheme

(2) Please send me ( ) copies of "BOC TWGHs Credit Card" Application Form

(3) \_\_\_\_\_

Note:

1. Donation of HK\$100 or more to Tung Wah is tax deductible.
2. If you would be so kind as to render your support, please cut out and adhere the freepost label at the lower right corner to a blank envelope and send the completed donation form and cheque to us by post. No postage is required.

For TWGHs use			
Received on		Receipt issued on	
Receipt no.	R	Receipt/TYL sent on	
Donation A/C name	IA	Amount (HK\$)	

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: \_\_\_\_\_

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10號GPO

Tung Wah Group of Hospitals

Freepost No. 10 GPO

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