

2020/2021 Medical 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 Yau 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,

(Please tick the relevant box(es) or

Donation in support of the procurement of the following equipment (For Hospitals)^Δ

*delete wherever inappropriate)

No.	Unit cost (HK\$)	Qty.	No.	Unit cost (HK\$)	Qty.	No.	Unit cost (HK\$)	Qty.	No.	Unit cost (HK\$)	Qty.	No.	Unit cost (HK\$)	Qty.	No.	Unit cost (HK\$)	Qty.	No.	Unit cost (HK\$)	Qty.	
MA-1	500,000		MB-2	98,000		MB-8	49,900		MC-1	360,000		MC-7	113,000		MD-1	98,000		ME-3	49,500		Total Amount:
MA-2	238,000		MB-3	85,000		MB-9	49,850		MC-2	298,000		MC-8	78,000		MD-2	95,665		ME-4	47,600		
MA-3	180,100		MB-4	75,600		MB-10	46,000		MC-3	290,000		MC-9	58,000		MD-3	90,000		ME-5	33,841		
MA-4	150,000		MB-5	75,500		MB-11	42,000		MC-4	285,000		MC-10	52,800		MD-4	40,670		ME-6	25,120		
MA-5	114,000		MB-6	62,800		MB-12	28,550		MC-5	267,230		MC-11	50,000		ME-1	746,220					
MB-1	99,990		MB-7	60,000		MB-13	25,200		MC-6	118,350		MC-12	49,800		ME-2	269,940					HKS _____

Donation in support of the procurement of the following equipment (For Community Services)^Δ

No.	Unit cost (HK\$)	Qty.	No.	Unit cost (HK\$)	Qty.	No.	Unit cost (HK\$)	Qty.	No.	Unit cost (HK\$)	Qty.	No.	Unit cost (HK\$)	Qty.	No.	Unit cost (HK\$)	Qty.	No.	Unit cost (HK\$)	Qty.		
CA-1	858,970		CA-14	42,000		CA-27	13,000		CA-40	2,000		CB-13	47,000		CB-26	26,900		CB-39	5,800		CB-52	2,088
CA-2	320,000		CA-15	39,900		CA-28	11,300		CB-1	300,000		CB-14	46,730		CB-27	26,334		CB-40	5,099		CC-1	63,580
CA-3	288,000		CA-16	36,800		CA-29	11,200		CB-2	160,000		CB-15	44,000		CB-28	25,500		CB-41	5,000		CC-2	48,000
CA-4	174,000		CA-17	36,000		CA-30	11,000		CB-3	160,000		CB-16	44,000		CB-29	25,500		CB-42	4,800		CC-3	30,500
CA-5	135,300		CA-18	30,000		CA-31	10,000		CB-4	110,000		CB-17	41,000		CB-30	24,000		CB-43	4,400		CC-4	5,440
CA-6	88,000		CA-19	26,800		CA-32	6,900		CB-5	94,900		CB-18	40,080		CB-31	21,000		CB-44	4,312		CC-5	3,000
CA-7	84,976		CA-20	25,000		CA-33	5,100		CB-6	90,000		CB-19	35,200		CB-32	19,000		CB-45	4,120			
CA-8	81,600		CA-21	24,800		CA-34	4,500		CB-7	88,000		CB-20	34,500		CB-33	12,300		CB-46	3,700			
CA-9	77,770		CA-22	24,500		CA-35	4,500		CB-8	76,000		CB-21	32,000		CB-34	12,000		CB-47	3,500			
CA-10	69,500		CA-23	18,500		CA-36	3,500		CB-9	74,800		CB-22	32,000		CB-35	12,000		CB-48	2,700			
CA-11	60,000		CA-24	15,500		CA-37	3,200		CB-10	73,091		CB-23	30,800		CB-36	9,800		CB-49	2,200			
CA-12	46,500		CA-25	15,000		CA-38	3,000		CB-11	54,000		CB-24	29,800		CB-37	8,500		CB-50	2,100			
CA-13	44,000		CA-26	13,300		CA-39	2,610		CB-12	48,850		CB-25	29,800		CB-38	7,800		CB-51	2,100			
																					HKS _____	

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



List of Medical Equipment still available

Acknowledgement Arrangement

Acknowledgement on Equipment

Thanks to _____ or In memory of _____

Acknowledgement is not required

Acknowledgement in TWGHs Website and Annual Report (Annual Report acknowledgement is only available for equipment of HK\$10,000 or above)^Δ

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)

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^Δ

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

Acknowledgement is not required

^Δ TWGHs may not be able to offer the aforesaid acknowledgement in Annual Report if the donation form is received after 8/1/2021.

Donation Method

By Cheque (Please mark your crossed cheque payable to "Tung Wah Group of Hospitals")

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.: _____

Name of Cardholder: _____

Expiry Date: _____ 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./ Mrs./Ms./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./Mrs./Ms./Miss/Company/Group^{*}

Contact Person: _____ Mr./ Mrs./Ms./Miss^{*}

Title: _____ Tel No.: _____

Email: _____ Fax: _____

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 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.

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