1945    1945	mpleted am/We a		lease	ed t	to sup	port t	he ca	aption	ed Sc	heme	e to he	lp the	patien	nts in	need l	by,			(Plea	se tick	「✓」 the	e relev	ant bo	x(es)
Section   Company   Comp	_																7			*del	ete wh	erever	r inappr	ropriat
1945    1945																								
\$2,0000		Qt	y. N			Qty.	No.		Qty.	No.		Qty.			Qty.	No.		Qty.	No.		Qty.	No.		Qt
15   15   15   15   15   15   15   15		0	ME				MB-8			MC-1					ı	MD-1			ME-3					
March   Marc	A-2 238,000	0	ME	IB-3	85,000		MB-9	49,850		MC-2	298,000		MC-8 78	8,000	1	MD-2	95,665		ME-4	47,600		Tota	al Amou	ınt:
State	A-3 180,100	0	ME	IB-4	75,600		MB-10	46,000		MC-3	290,000		MC-9 58	8,000		MD-3	90,000		ME-5	33,841				
Donation in support of the procurement of the following equipment (For Community Services)*	A-4 150,000	0	ME	IB-5	75,500		MB-11	42,000		MC-4	285,000	1	MC-10 52	2,800	1	MD-4	40,670		ME-6	25,120				
Donation in support of the procurement of the following equipment (For Community Services) 2	A-5 114,000	0	ME	IB-6	62,800		MB-12	28,550		MC-5	267,230	1	MC-11 50	0,000	1	ME-1	746,220					HKS	\$	
Section   Control   Cont	3-1 99,990		ME	IB-7	60,000		MB-13	25,200		MC-6	118,350	)	MC-12 49	19,800		ME-2	269,940							
0	Dona	tion i	in su	ppo	ort of	the pr	ocur	ement	of the	e foll	owing	equipr	nent (	(For C	Commi	unity	y Serv	ices)△	4					
		Ot	v N	Vo.		Oty	No		Otv	No		Otv			Otv	No		Otv	No		Otv	No		Otv
12   2000   CA15   2000   CA25   11,000   CA25   CA25		۵.,	, ,			Qty.	110.		Giy.	110.		Q.y.			Q.y.	110.		Gt.y.	110.		Gi.	110.		ربي
1	A-1 858,970	0	CA	A-14 ·	42,000		CA-27	13,000		CA-40	2,000		CB-13 47	7,000	(	CB-26	26,900		CB-39	5,800		CB-52	2,088	
174.000	A-2 320,000	0	CA	A-15	39,900		CA-28	11,300							(	CB-27	26,334		CB-40	5,099			1000	
1.5   13.200																								
17   84.76																								
15   15   15   15   15   15   15   15																						CC-5	3,000	
19 77770																						Tota	l Amou	nt:
1.																								
10,000   CA24 15,500   CA25 3,000   CA25 3																								
12 46.00																								
Card No.:   Signature of Cardholder:   Mr. Mrs. Mrs. Steps process and propose available equipment in sort required   Signature of Cardholder:   Mr. Mrs. Mrs. Steps process and propose available equipment in memory of   Signature of Cardholder:   Mr. Mrs. Mrs. Steps process and propose available equipment in memory of   Signature of Cardholder:   Mr. Mrs. Mrs. Steps process and propose available equipment in memory of   Signature of Cardholder:   Mr. Mrs. Mrs. Steps process and propose available equipment in memory of   Signature of Cardholder:   Mr. Mrs. Mrs. Steps process and propose available equipment in memory of   Signature of Mrs. Signature of Cardholder:   Mr. Mrs. Mrs. Steps process and propose available equipment in memory of   Signature of Cardholder:   Mr. Mrs. Mrs. Steps process and propose available equipment in memory of   Signature of Cardholder:   Mr. Mrs. Mrs. Steps process and propose available equipment in memory of   Signature of Cardholder:   Mr. Mrs. Mrs. Steps process and propose available equipment in memory of   Signature of Cardholder:   Mr. Mrs. Mrs. Mrs. Steps provide   Mrs.																								
Cknowledgement Arrangement   List of Medical Equipment   List of Medical Equipment   Still available   Cknowledgement on Equipment   Still available   Cknowledgement is not required   Acknowledgement in TWGHs Website and Annual Report (Annual Report acknowledgement is not required   Acknowledgement in TWGHs Website and Annual Report (Annual Report acknowledgement is not required   Acknowledgement is not required   Donation of HK\$													CB-25 29	9,800	(	CB-38	7,800		CB-51	2,100		HK\$		
Donor's Information  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.:  Expiry Date:  Signature of Cardholder:  M/ Y  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.  Mr./Mrs./Ms./Ms./Ms./Ms./Ms./Ms./Ms./Ms./Ms./M	Ackno	owled anks know owledo me fo know	geme to ledge gemer or Ack ledge	ent eme nt in knov	on Eq ent is r TWG wledg	not req iHs We ement not req	nt uired bsite : uired	and Ar	nnual R	deport	t (Annua						only ava	ailable	for eq	uipmer	still a	vailable	00 or a	
Donor's Information    By Cheque (Please mark your crossed cheque payable to "Tung Wah Group of Hospitals")   Cheque No.:	Ackno  Tha Ack Ackno Nan Ack Dona For dor	anks know wledo me fo know ation nation	gemento Ledge of Hoof \$1	ent eme eme nt ir kno eme IK\$	ent is r TWG wledgent is r	not req SHs We ement not req	uired bsite uired uired	and Ar	in supement w	opor	_ in s	upport  e Med	rt acknown to of the ical E	nowled he Me Equir Annual	edical	Equ	uipme natior	ent Do	for eq (lf	uipmen different on Sci (for C	of HK trom theme	\$10,0 he Na	000 or a	oital
By Cheque (Please mark your crossed cheque payable to "Tung Wah Group of Hospitals")   Cheque No.:	Ackno Tha  _ Ackno  _ Nai  Dona  Dona  For dor	anks anks know wledo me fo know ation nation me fo	gemento ledge gementor Ack ledge of H of H	ent  ent  nt ir  kno  kno  kno  kno  kno  kno  kno  kn	ent is r TWG wledg ent is r	not requishs We ement not requishove, above, aement:	uired bsite : uired	and Ar	in supement w	opor	_ in s	upport  e Med	rt acknown to of the ical E	nowled he Me Equir Annual	edical	Equ	uipme natior	ent Do	for eq (lf	uipmen different on Sci (for C	of HK trom theme	\$10,0 he Na	000 or a	oital
Cheque No.:	Ackno  Tha Ackno Nai Ack Dona For dor Nan Ack	anks know wledg me fo know ation ation nation me fo	gemento Ledge of Hotal of \$1 r Acking the control of the control o	ent  ent  ir  kno  eme  iK\$  io,o  nov  mei  able	ent is r n TWG wledg ent is r 00 or a wledge nt is n	not requalbove, above,	uired bsite uired uired	and Ar	in sup ement w	opor	_ in s	upportie Med	t of thical E	ne Me Equip Annua	edical oment	Equ Do	uipme	ent Do	for eq (lf	uipmer different on Sci (for C	of HK trom theme	\$10,0 he Na	000 or a	oital
To avoid duplication, please do not post this form after fax.)  Contact Person:	Ackno  Ackno  Nai  Ack  Dona  For dor  Nan  Ack  WGHs r	anks anks know weled me fo know ation nation me fo knowl may n n Me	gementone to	ent  ment  kno eme  k	ent is r TWG wledgent is r 00 or a vledge nt is n	not requested above, ab	uired bsite : uired ackno	and Ar	in superment w	opor vill be	_ in set of the arrange	upport upport up Med up Med upport up	t of thical E	nowled	edical oment I Report	Equipole Door Door Door Door Door Door Door Doo	uipme	ent Do	for eq (lf	uipmer different on Sci (for C	of HK trom theme	\$10,0 he Na	000 or a	oital
Card No.:	Ackno  Ackno  Nai  Ack  Ackno  Nai  Ack  Dona  For dor  Nai  Ack  WGHs r  Onatio  By Ch	anks knowledge k	geme ledge gemer or Ack ledge of H of \$1 r Ack ledge to tbe a thoc	ent eme nt ir kno eme IK\$ IO,0 enov me able	ent is r TWG wledg ent is r 00 or a wledge nt is n e to offe	not requests we ement not requests above, above, above, above, above the arcossed classic crossed classic contracts.	uired ackno uired heque p	and Ar	in superment we ment we mowledge "Tung W	opor vill be gemer	_ in sit of the arrange	upportiee Med in TW	t of thical E	nowled	edical oment I Report	Equipole Door Door Door Door Door Door Door Doo	uipme	ent Do	for eq (lf	uipmen different on Sci (for C	still a of HK t from theme	\$10,0 he Nai	000 or a me of D	Dono bital vice
Name of Cardholder:  Expiry Date: Signature of Cardholder:  M/Y  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.  Onation Receipt:  Name on Receipt:  Mr/ Mrs./Ms./Miss/Company/Group*  (If different from Name of Donor)  Address:  Please providecopy(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 kee your personal data. TWGHs will not use your personal data to any third party. TWGHs in tends to your personal data (name, address, telephone no., email and fax no.) for future correspondences, fund-raising appeals, promotional active training courses, conducting survey, or other related promotional purposes. TWGHs will not use your personal data for the above purposes, plindcate by putting a tick in the box below. You have the right to access, correct and request TWGHs to sto pusing your personal data for the above purposes at any time and at no charge by calling 1878 333 during office hours.  I have read, understood and accepted the statement regarding the collection, use and provision of person data by TWGHs.  Signature:	Ackno Ackno Ackno Nai Ack Dona For dor Ack TWGHs r Cheqi By Cr	owled anks know wled welled know ation nation ne fo cnowled may need need welled to redit (	gemediated gement and the second gement and the second gement and the second gement ge	ent  ent  kno' kno' kno' kno' kno' kno' kno' kno	on Eq	not requested with the control of the attention of the at	nt  uired bsite : uired ackno uired foresa	wledge	in superment we ment we mowledge "Tung W	opor vill be gemer	_ in sit of the arrange	upportiee Med in TW	t of thical E	ne Me Equip Annual	edical oment I Report	Equ Do	uipme nation receive	ent Do	for eq (If (If d (If d (If d	uipmen different on Sci (for C	still a of HK t from t the mean through through the mean through through the mean through the mean through the mean through t	S\$10,00 he Nai	000 or a me of D	Dono  bital  rice  onor
Name of Cardholder:  Expiry Date: Signature of Cardholder:  M/Y  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.  Onation Receipt  Please issue donation receipt  Name on Receipt:  Mr/ Mrs./Ms./Miss/Company/Group*  (if different from Name of Donor)  Monthly Donation Scheme leaflet by post.  The Tung Wah Group of Hospitals ("TWGHs") shall comply with the Personal Data (Privacy) Ordinance in handling and kee your personal data for the along provide your personal data for the above purposes, personal data for the above purposes, personal data for the above purposes, and to relate promotional purposes. TWGHs will not use your personal data for the above purposes, and to relate promotional purposes. TWGHs will not use your personal data for the above purposes, and to relate promotional purposes. TWGHs will not use your personal data for the above purposes, and the purposes you give your consent. If you do not agree to the use of your personal data for the above purposes, and the purposes you give your consent. If you do not agree to the use of your personal data for the above purposes, and the above purposes, and the purposes and the promotional purposes. In the post purposes at any time and at no charge by calling 1878 333 during office hours.  In object to the use of my personal data to with the box below. You have the right to access, correct and request TWGHs to stop using your personal data for the above purposes, and the above purposes, and the above purposes, and the not have purposes, purposes and at no charge by calling 1878 333 during office hours.  In object to the use of my personal data to any third party. TWGHs to stop your personal data for the above purposes, and to not agree to the use of your personal data for the above purposes, and to not agree to the use of your personal da	Ackno Ackno Ackno Nal Ack Dona For dor Ack WGHs r Onatio By Cr To avoid	owledd anks anks anks anks anks anks anks anks	gemeine gemein	ent  ent  intir  knov  ent  intir  knov  mei  able  color  (Cred  ease	on Equent is ranged and responsible to the control of the control	not requested when the control requested above, a sement: ot requested the constitution of the constitutio	nt  uired bsite : uired ackno uired foresa	wledge	in superment we ment we mowledge "Tung W	opor vill be gemer	_ in sit of the arrange	upportiee Med in TW	ort if the	nowlecone Me Equipme don nor's me of	edical poment I Report lation for s Infor Donor:	Equipole Door Inches In	uipme natior receive	ent Do	(If d	uipmen different on Sc (for C	still a of HK of H	\$10,00 he Nai	Hosp / Serv ne of D	Dono  Dital  rice  onor
Expiry Date: Signature of Cardholder: M/Y  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.  Onation Receipt:  Please issue donation receipt  Name on Receipt:  Monthly Donation Scheme leaflet by post.  The Tung Wah Group of Hospitals ("TWGHs") shall comply with the Personal Data (Privacy) Ordinance in handling and kee your personal data to any third party. TWGHs intends to your personal data to any third party. TWGHs intends to your personal data to any third party. TWGHs will not use your personal data for the advantage appeals promotional purposes. TWGHs will not use your personal data for the above purposes, ple indicate by putting a tok in the box below. You have the right to access, correct and request TWGHs to stop using your personal data for the above purposes, ple indicate by putting a tok in the box below. You have the right to access, correct and request TWGHs to stop using your personal data for the above purposes, ple indicate by putting a tok in the box below. You have the right to access, correct and request TWGHs to stop using your personal data for the above purposes, ple indicate by putting a tok in the box below. You have the right to access, correct and request TWGHs to stop using your personal data for the above purposes, ple indicate by putting a tok in the box below. You have the right to access, correct and request TWGHs to stop using your personal data for the above purposes, ple indicate by putting a tok in the box below. You have the right to access, correct and request TWGHs is to show up or personal data for the above purposes at any time and at no charge by calling 1878 333 during office hours.  In a decidence of the above purposes at any time and at no charge by calling 1878 333 during office hours.  In a decidence of the above purposes at any time a	Ackno  Ackno  Nai  Ackno  Nai  Ackno  Nai  Ackno  Nai  Ackno  Ackno  Conatio  By Cr  Chequilibria By Cr  To avoid  VIS	anks anks anks anks anks anks anks anks	gemer to ledge gemer or Ack ledge of H of \$1 r Ack edger ot be a continue Card (  MA	ent eme eme knov knov mei able  (Cred dease	on Equent is ranged and the second se	not requests we ement not requests the area of this for the area of the are	uired bsite : uired ackno ackno iired foresa	wledge aid ackr	in superment we mowledge "Tung Waxing this f	oppor vill be	in so t of th arrange at in Ann up of Hosp	upporting Median TW	t of the ical E/GHs A	nowlecche Meeter	edical oment I Report sation for Donor:	Equipole Door Inches In	uipme nation receive	ent Do	(lf d	uipmen different on Scl (for C different 021.	still a still	s\$10,00 he Nan	Hosp / Serv ne of D	Oono  Dital  rice  onor
Card, Paypai of Octopus. Donation receipt Will be arranged according to the submitted information and need not post this form as to avoid duplication.  Onation Receipt  Please issue donation receipt  Name on Receipt:    Mr./ Mrs./Ms./Miss/Company/Group* (If different from Name of Donor)	Ackno  Ackno  Ackno  Nai  Ack  Dona  Dona  For dor  Nai  Ack  WGHs r  Onatio  By Cr  Cheqi By Cr  To avoid  VIS  Card	owledd anks who we have for the control of the cont	gemer to ledge gemer or Ack ledge of H of \$1 r Ack ledge ot be a continuous contin	ent  entirk knoveme ilk\$ 10,00 knoveme able clease AST	on Equent is referred to the control of the control	not requests we ement not request the area ost this for ARD	uired uired bsite : uired ackno uired foresa	wledge aid ackr	in superment we mowledge "Tung We ixing this f	popor vill be	in so t of th arrange at in Ann up of Hosp 2559 6835	upportine Medin TW	ort if the Do Nan  Con Title	nowlecche Modern	edical oment I Report strong of the strong o	Equipole Dool	uipme natior receive	ent Do	(If d	uipmen different on Sci (for C different 021.	still a still	s (for unity one Nan	OO or a me of D Hosp / Serv ne of D	Dono  Dital  rice  onor
card, Paypai of Octopus. Donation receipt will be arranged according to the submitted information and need not post this form as to avoid duplication.  Onation Receipt  Please issue donation receipt  Name on Receipt:  Mr/Mrs/Ms/Miss/Company/Group* (If different from Name of Donor)  (If different from Name of Donor)  (If different from Name of Donor)    Donation AIC Name   CMEDS/MEDS   Received on	Ackno Ackno Ackno Nal Ack Dona Dona For dor Nan Ack WGHs r Chequ By Cr To avoid VIS Card	owledd anks when we have the control of the control	gemee gemee ledge gemer Ack ledge of H of \$1 r Ack edge cot be a cthoc ation, ple ation, ple ardho ardho ardho ardho ardho ardho	ent ent ent ent kno eme kno em	on Equent is ranged with the second of the s	above, a ement: ot requer the arcost this for ARD	nt  uired bsite : uired ackno uired foresa	wledge aid ackr	in supement we mowledge "Tung Waxing this f	popor vill be	in so t of th arrange at in Ann up of Hosp 2559 6835	upportine Medin TW	t of the ical E /GHs A / Con Title Ema	nowlecche Modern	edical oment I Report action for s Infor Donor:	Equal Door No.	receive	ent Don Sch	(lf d (lf d (lf d (lf d	uipmen different on Sci (for C different 021.  Tel N Fax:	still a still	s\$10,00 he Nan (for unity) he Nan he	OOO or a me of D Hosp / Serv ne of D	Dono  pital  rice  onor
Please issue donation receipt  Name on Receipt:    Mr/Mrs/Ms/Miss/Company/Group*   Signature: Date:   Date:	Ackno Ackno Ackno Nan Ack Dona For dor Nan Ack WGHs r Onatio By Cr Chequ By Cr To avoid VIS Card Name	owledd anks who we have the control of the control	gemento	ent eme tirknov eme tilk\$ tio,00 cnov eme tilk\$ tio,00 cnov eme tillease	on Equent is reference	mot requests we ement not request the area ost this for ARD	uired bsite : uired ackno ackno uired foresa	wledge aid ackr bayable to ade by far fax.)	in supement we mowledge "Tung We exing this f	opporviill be	in so t of th arrange at in Ann up of Hosp 2559 6835	upportine Medin TW	t of the ical E /GHs A / Con Title Ema	nowlecche Modern	edical oment I Report action for s Infor Donor:	Equal Door No.	receive	ent Don Sch	(lf d (lf d (lf d (lf d	uipmen different on Sci (for C different 021.  Tel N Fax:	still a still	s\$10,00 he Nan (for unity) he Nan he	OOO or a me of D Hosp / Serv ne of D	Dono Dital Vice Onor
Name on Receipt: Mr./ Mrs./Ms./Miss/Company/Group*  (If different from Name of Donor)	Ackno  Ackno  Ackno  Nai  Ackno  Nai  Ackno  Nai  Ackno  Nai  Ackno  Ackno  Nai  Conatio  By Cr  Cheqi  By Cr  To avoid  VIS  Card  Name  Expiry  Online  Please card, F	anks anks anks anks anks anks anks anks	gemeettoledge ledge gemer Ack ledge of H of \$1 r Ackleedge ot be a thoco a (Please Card (  MA ardho e:	ent eme nt ir knov eme iks 10,00 cnov eme able dease AST	on Eqent is referred to the control of the control	mot requested above, a sement: ot requested at constion capes this for ARD	uired bsite : uired ackno ackno aired foresa	wledge aid ackr bayable to ade by far fax.)  Cardho	in superment we mowledge "Tung We xing this f	oppor vill be	in set of the arrange of the arrange of Hospo	upportine Medied in TW	rt ackn  t of the control of the con	nowlectine Medical Control of Me	edical oment I Report action for s Infor Donor:  Person:  Person:  Provide Could be action for the data. TWGHs, sonducting your purposes the use of a understood understood	Equation Science Spitals (" will not one no. spitals (" ) will n	copy cheme I TWGHs') si sell and/or or other relasent. If you lelow. You himme and at the sonal data	ent Don School S	for eq (If defined and the series of the ser	uipmen different on Sci (for C lifferent  221.  Tel N Fax:  Tel N sepondences see. TWGHs see of your ps, correct and see of your ps, correct and above pro	still a a of HK from t of HK from t hemee omm  Mr./Mrs./.  (Privacy) ( Privacy) ( i, fund-raising of the from the hemee omm of the from the hemee of the hemee of the from the hemee of the hemee	s\$10,00 he Nai  (for unity)  White Nai  Whit	Hosp / Serv ne of D s/Compai in handling antends to yo, s, promotions sonal data fellowed by the sonal	Oonoonormy/Groon
(If different from Name of Donor) tax deductible.	Ackno Ackno Ackno Nal Ackno Nan Ack Dona For dor Nan Ack WGHs r Onatio By Cr Cheqq By Cr To avoid VIS Card Name Expiry Online Please card, F submit	anks when we have a construction of the constr	gemeito	ent eme nt ir knoveme ik\$ 10,0 noveme able colde y n (foreebsite ctoppition	on Eqent is referred to the control of the control	mot requested above, a sement: ot requested at constion capes this for ARD	uired bsite : uired ackno ackno aired foresa	wledge aid ackr bayable to ade by far fax.)  Cardho	in superment we mowledge "Tung We xing this f	oppor vill be	in set of the arrange of the arrange of Hospo	upportine Medied in TW	rt ackn  t of the control of the con	nowlectine Medical Control of Me	edical oment I Report action for s Infor Donor:  Person:  Person:  Provide Could be action for the data. TWGHs, sonducting your purposes the use of a understood understood	Equation Science Spitals (" will not one no. spitals (" ) will n	copy cheme I TWGHs') si sell and/or or other relasent. If you lelow. You himme and at the sonal data	ent Don School S	for eq (If defined and the series of the ser	uipmen different on Sci (for C lifferent  221.  Tel N Fax:  Tel N sepondences see. TWGHs see of your ps, correct and see of your ps, correct and above pro	still a a of HK from t of HK from t hemee omm  Mr./Mrs./.  (Privacy) ( Privacy) ( i, fund-raising of the from the hemee omm of the from the hemee of the hemee of the from the hemee of the hemee	s\$10,00 he Nai  (for unity)  White Nai  Whit	Hosp / Serv ne of D s/Compai in handling antends to yo, s, promotions sonal data fellowed by the sonal	Oonoonormy/Groon
(If different from Name of Donor) tax deductible.	Ackno Ackno Ackno Nai Ack Dona For dor Nan Ack WGHs r Onatio By Cr Cheqqi By Cr To avoid VIS Card Name Expiry Online Please card, F submit Onatio	anks when we have a construction of the constr	gemeito gemei	ent ent ent ent ir known it ent ir known ent ir known ent ir known ent it known ent it known ent it	on Eqent is reported in TWG weeked gent is reported in TWG one of the two states of	above, a sement: ot requer the accossed of the	nt  uired bsite  uired ackno  uired foresa an be m rm after	wledge aid ackr bayable to ade by fa r fax.)  Cardho g.hk) fo will be his form	in superment we mowledge a "Tung W. xing this f	oppor vill be	in sort of the arrange and in Annual continuous of Hospital continuous tion via a coording to duplication.	upport upport upport upport ue Med ed in TW  nual Rep bitals*)  credit o the on.	rt ackn  t of the control of the con	ne Me Equip Fermina Me	edical poment I Report I Repor	Equation Section 1 Section 1 Section 1 Section 1 Section 2 Section	copy cheme I TWGHs') si sell and/or , email and i or of other rela sent. If you ellow, You h time and at it sonal data ccepted the	r(ies) of eaflet ball comply provide you do not agree when the dorontool to the dorontool t	(If defended and the series of	uipmen different on Sci (for C lifferent 021.  Tel N Fax: ersonal Data data to any sepondences. TWGHs se of your p 6, correct anc 878 333 durin above pro ing the coll	still a of HK from t of HK from t the mee omm  Mr./Mrs./.  (Privacy) (Privac	s\$10,00 he Nan (for unity) he Nan h"  britinance is (for unity) he Nan	me of D  Hosp / Serv ne of D  s/Compar  Mr./ Mrs./	Oono  ital  vice  onor  my/Gro  Ms./Mi  and kee  our pers  al activity  sses, ple  sur pers
2. For defails, please contact the Fund-raising Receipt no. R Receipt issued on	Ackno Ackno Ackno Nai Ack Dona For dor Nan Ack WGHs r Onatio By Cr Cheqq By Cr To avoid VIS Card Name Expiry Online Please card, F submit Onatio	anks when we have a construction of the constr	gemeito gemei	ent ent ent ent ir known it ent ir known ent ir known ent ir known ent it known ent it known ent it	on Eqent is reported in TWG weeked gent is reported in TWG one of the two states of	above, a sement: ot requer the accossed of the	nt  uired bsite  uired ackno  uired foresa an be m rm after	wledge aid ackr bayable to ade by fa r fax.)  Cardho g.hk) fo will be his form	in superment we mowledge a "Tung W. xing this f	oppor vill be	in sort of the arrange and in Annual continuous of Hospital continuous tion via a coording to duplication.	upport upport upport upport ue Med ed in TW  nual Rep bitals*)  credit o the on.	rt ackn  t of the control of the con	nowlectine McEquip McAnnual me don monor's me of mail: ail: lease; lease; lease; lease; uponthly Tung Wah personal c (name, ad at by putt for the aboolject to to be ead, upon the personal c formation of the aboolject to mature we have the sets; and the personal c formation of the aboolject to the	edical previous provide provide provide provide provided data. TWGHs didress, teleph say you give y the toyle purposes the use of i understood SHs.	Equation Services of the Servi	copy cheme I TWGHs') si sell and/or , email and at or other rela sonal data ccepted the	ent Don Sch  ed after  (ies) of eaflet be all comply provide you are not per teled promoti do not agree we the right no charge by by TWGHe a statement	(If defended by the control of the c	uipmen different on Scl (for C lifferent 021.  Tel N Fax: ersonal Data data to any spondences suses. TWGH; suspondences rygondences rygond	still a still	s\$10,00 he Nai  (for unity)  TWGHs in appeals  appeals  appeals  appeals  urs.  burposes e and pro-  only	me of D  Hosp / Serv ne of D  s/Compar  Mr./ Mrs./	Oono  ital  vice  onor  my/Gro  Ms./Mi  and kee  our pers  al activity  sses, ple  sur pers
To save administrative cost, donation receipt is not required	Ackno  Ackno  Ackno  Nan  Ackno  Nan  Ackno  Nan  Ackno  Nan  Ackno  Nan  Conatio  By Cr  Chequility  By Cr  To avoid  Vist  Card  Name  Expiry  Online  Please card, F submit  Onatio  Please Name	owled anks know wled know wled know ation nation nation ne fo know may n n Me heque No redit ( d duplice SA No.:	gemeito	ent  eme nt ir kno' eme iks io,oo nov mei able ese ma (Cree bease AST	on Eqent is ranged and range	inipme  not required has we ement above, a ement: ot required the arcossed of constion can ost this for ARD  I Donation with the control of t	nt  uired bsite : uired ackno dired foresa an be m m after an only) rah.org ecceipt post ti	wledge aid ackr bayable to ade by far fax.)  Cardho g.hk) fo will be his form	in supement we mowledge "Tung Waxing this for conline arrange a as to a	dona acd accovoid of different	in solution via a cording to duplication via a cordinate via a	upportine Medied in TW hual Repolitals")  credit o the on.	rt ackn  t of the control of the con	nowlectine Moderate M	edical oment I Report action for s Infor Donor:  Person:  Person:  Provide producting stoke in the use of i understood BHs.	Equation Septitals (1) will not one no. our connections at any times a	copy cheme I TWGHs') si sell and/or email and to ro other rela sent. If you eldow, You h time and at r sonal data coepted the	ent Don Sch  ed after  (ies) of eaflet be all comply provide you are not per teled promoti do not agree we the right no charge by by TWGHe a statement	for eq (If definition of the series of the s	uipmen different on Sc (for C (for C lifferent  D21.  Tel N Fax:  resonal Data data to any sepondences sees. TWGHS above pro ing the coll  Dat  For Office EMEDS / ME	still a still	s\$10,00 he Nai  (for unity)  Prdinance is a formation only wived on	Hosp / Serv me of D s/Compatinhandlings in handlings intends to ye, s, promotion sonal data for above purpodop using ye bovision of on	Oonor)  Donor bitals  Vices  Onor)  Ms./Mis  and keep our perscala activity or the abborses, pleisur perscalar perscalar designs.