

2021/ 22 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 Yan Street or fax to 2859 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 *delete wherever inappropriate)

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

No.	Unit Cost (HK\$)	Quantity	No.	Unit Cost (HK\$)	Quantity	No.	Unit Cost (HK\$)	Quantity	No.	Unit Cost (HK\$)	Quantity	No.	Unit Cost (HK\$)	Quantity	No.	Unit Cost (HK\$)	Quantity
MA-1	500,000		MA-9	58,000		MB-5	46,000		MC-2	125,000		MC-10	53,388		ME-1	49,500	
MA-2	262,800		MA-10	58,000		MB-6	35,000		MC-3	118,350		MC-11	48,500		ME-2	47,600	
MA-3	220,000		MA-11	34,020		MB-7	34,000		MC-4	110,950		MC-12	27,100		ME-3	28,800	
MA-4	200,800		MA-12	28,880		MB-8	32,562		MC-5	99,000		MD-1	309,260		Total Amount		
MA-5	113,400		MB-1	65,000		MB-9	25,300		MC-6	90,000		MD-2	91,000				
MA-6	99,000		MB-2	62,800		MB-10	22,980		MC-7	75,000		MD-3	73,290				
MA-7	74,000		MB-3	55,630		MB-11	20,000		MC-8	62,000		MD-4	30,900				
MA-8	68,000		MB-4	46,738		MC-1	198,700		MC-9	60,000		MD-5	20,426		\$ _____		

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

No.	Unit Cost (HK\$)	Quantity	No.	Unit Cost (HK\$)	Quantity	No.	Unit Cost (HK\$)	Quantity	No.	Unit Cost (HK\$)	Quantity	No.	Unit Cost (HK\$)	Quantity	No.	Unit Cost (HK\$)	Quantity
CA-1	300,000		CA-19	19,560		CB-7	66,500		CB-25	32,900		CB-43	13,000		CB-61	3,500	
CA-2	198,000		CA-20	19,000		CB-8	64,000		CB-26	32,900		CB-44	11,000		CB-62	3,300	
CA-3	134,611		CA-21	16,000		CB-9	58,000		CB-27	32,900		CB-45	10,500		CB-63	2,980	
CA-4	100,000		CA-22	15,000		CB-10	55,000		CB-28	31,200		CB-46	10,500		CB-64	2,950	
CA-5	81,600		CA-23	13,600		CB-11	54,000		CB-29	24,000		CB-47	9,800		CB-65	2,600	
CA-6	79,800		CA-24	11,000		CB-12	51,000		CB-30	22,000		CB-48	9,500		CB-66	2,500	
CA-7	77,770		CA-25	10,000		CB-13	48,000		CB-31	21,800		CB-49	8,800		CB-67	2,500	
CA-8	69,500		CA-26	6,000		CB-14	44,000		CB-32	19,040		CB-50	8,300		CB-68	2,380	
CA-9	56,000		CA-27	5,500		CB-15	41,700		CB-33	18,100		CB-51	7,000		CB-69	2,350	
CA-10	44,000		CA-28	4,300		CB-16	40,000		CB-34	18,000		CB-52	6,000		CB-70	2,100	
CA-11	39,900		CA-29	4,000		CB-17	40,000		CB-35	18,000		CB-53	5,940		CB-71	2,100	
CA-12	36,800		CA-30	3,000		CB-18	40,000		CB-36	18,000		CB-54	5,800		CC-1	25,900	
CA-13	36,500		CB-1	627,730		CB-19	39,000		CB-37	17,500		CB-55	5,800		Total Amount		
CA-14	34,500		CB-2	184,800		CB-20	38,000		CB-38	16,000		CB-56	5,400				
CA-15	32,900		CB-3	102,000		CB-21	35,000		CB-39	16,000		CB-57	4,780				
CA-16	28,000		CB-4	90,000		CB-22	35,000		CB-40	15,500		CB-58	4,600				
CA-17	25,000		CB-5	75,600		CB-23	34,800		CB-41	13,800		CB-59	4,500		\$ _____		
CA-18	21,900		CB-6	75,000		CB-24	34,000		CB-42	13,000		CB-60	3,528				

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

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 Scheme (for Hospitals)

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 is received after 8/1/2022

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: _____

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.

Donation Receipt

☐ Please issue donation receipt

Name on Receipt: _____ Mr./Miss/Ms./Mrs./Company/Group*
(If different from Name of Donor)

☐ To save administrative cost, donation receipt is not required

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.

List of Medical Equipment still available



Donor's Information

Name of Donor: _____

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

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

Title: _____ Tel No.: _____

Email: _____ Fax: _____

Address: _____

☐ Please provides _____ 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: _____

For Official Use only

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

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