



TWGHs Free Medical Services 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, Sheung Wan or fax to 2559 6835 by Friday, 27 August 2021.

I am/ We are pleased to support the captioned Scheme by:

(Please tick the relevant box(es) or *delete where appropriate)

☐ **Signing up as Patron**

Patronage (Donation HK\$)	To be Named on Donation Plaque at Tung Wah Hospital & Tung Wah Eastern Hospital	To be invited to Charity Dinner Show #	Company logo/name to be acknowledged in Souvenir Programme	Complimentary Advertisement in Souvenir Programme	To receive souvenir in the Ceremony at Charity Dinner Show	Acknowledgement in Press Release and Annual Report
<input type="checkbox"/> Permanent Honourable Patron (\$500,000)	Permanent	10 Seats	1 Page	2 Pages	Representative Name:	✓
<input type="checkbox"/> Honourable Patron (\$300,000)	Named for 5 years	8 Seats	1 Page	2 Pages		
<input type="checkbox"/> Diamond Patron (\$120,000)	Named for 1 year	6 Seats	1 Page	1 Page	Title:	
<input type="checkbox"/> Gold Patron (\$80,000)	Named for 1 year	4 Seats	1/2 Page	1 Page		
<input type="checkbox"/> Silver Patron (\$50,000)	Named for 1 year	4 Seats	1/3 Page	1 Page		
<input type="checkbox"/> Table Patron (\$38,000)	--	4 Seats	List of Name	--	--	Annual Report Only

Number of guests per table will be in accordance with the restriction of Group Gatherings measures by Government. TWGHs will keep monitoring the situation and keep guests informed in due course.

☐ No acknowledgement on donation plaque / souvenir programme / event press release / annual report* is required

☐ **Advertisement in Souvenir Programme**

(Donation of \$10,000 for 1 full page color advertisement; Size: 260mm(H) x 180mm(W), 5mm bleeding, with 300dpi resolution)

☐ Please send the advertisement in ai / pdf format to frdfu@tungwah.org.hk

☐ Please state: "With the compliments of _____"

☐ **General Donation**

Every \$6,000 donation would support 120 needy to receive general public outpatient services for free or to provide 1-day free bed for 50 patients.

☐ \$60,000 ☐ \$40,000 ☐ \$20,000 ☐ \$10,000 ☐ \$6,000 ☐ \$ _____

☐ **Joining the 'Medical Services Monthly Donation Scheme'**

to make a monthly donation in support of the medical services of TWGHs

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

☐ **Not able to support the Scheme this time, but would like to receive information on TWGHs fund-raising campaigns in future**

(Please provide donor's information as listed below)

Donation Method

☐ **By Cheque**

Cheque no.: _____ (crossed cheque payable to "東華三院" or "Tung Wah Group of Hospitals")

☐ **By Credit Card**

(For general donation and 'Medical Services Monthly Donation Scheme'; 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: _____

month / _____ year

Name of Cardholder: _____

Signature of Cardholder: _____

☐ **Via Banks**

Please send us the original pay-in-slip together with this completed form by post for a donation receipt.

HSBC
004-502-301302-001

Hang Seng Bank
024-280-402660-001

Bank of China (HK)
012-875-0-024935-9

Bank of East Asia
015-514-40-33666-1

Bank of Communications
(Hong Kong Branch)
027-537-930-76188

Citibank
006-391-085-55346

Standard Chartered Bank
003-416-1-000171-8

☐ **Autopay**

For 'Medical Services Monthly Donation Scheme' monthly donation only. An Autopay (Direct Debit) Authorization Form will be sent by post and no handling fee will be charged.

Donor Information

Name of Donor: _____ Mr./Mrs./Ms./Miss/Company/Group* Contact Person: _____ Mr./Mrs./Ms./Miss * Title: _____

Tel No.: _____ Fax: _____ Email: _____

Address: _____

Name for Acknowledgement: _____ Mr./Mrs./Ms./Miss/Company/Group* (If different from donor's name) ☐ No acknowledgement is required.
(Your generous donations for HK\$10,000 or more will be acknowledged in souvenir programme and TWGHs Annual Report.)

Donation Receipt

Name on Receipt: _____ Mr./Mrs./Ms./Miss/Company/Group* (If different from donor's name) ☐ To save administrative cost, no donation receipt is 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: _____

Remarks:
1. TWGHs may not be able to offer the aforesaid acknowledgements if the sponsorship reply form is received after the above mentioned deadline.
2. Arrangement of the dinner table and acknowledgements are in accordance with the donation amount.
3. By adhering the freepost label at the left on envelope, no postage is required.
4. Donation of \$100 or above to TWGHs is tax deductible.
5. For details, please contact the Fund-raising Division of TWGHs at 1878 333 or 2859 7487.

For Official Use only

Donation A/C Name	FMSDS	Received on	
Receipt no.	R	Receipt issued on	
Amount (HK\$)		Receipt / TYL sent on	

東華三院簡便回郵10號GPO
Tung Wah Group of
Hospitals
Freepost No. 10 GPO
FMSDS