

# 2023/2024 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, 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)<sup>Δ</sup> \*delete wherever inappropriate)

No.	Cost per unit (HK\$)	Qty.	No.	Cost per unit (HK\$)	Qty.	No.	Cost per unit (HK\$)	Qty.	No.	Cost per unit (HK\$)	Qty.	No.	Cost per unit (HK\$)	Qty.	No.	Cost per unit (HK\$)	Qty.	No.	Cost per unit (HK\$)	Qty.			
MA-1	700,000		MA-7	300,000		MB-2	130,000		MB-8	35,400		MC-5	57,000		MD-2	99,420		MD-8	30,000		ME-4	22,050	
MA-2	609,900		MA-8	300,000		MB-3	68,880		MB-9	20,400		MC-6	47,600		MD-3	93,000		MD-9	26,500		Total Amount:		
MA-3	498,000		MA-9	198,290		MB-4	63,356		MC-1	990,000		MC-7	27,500		MD-4	92,260		MD-10	19,705				
MA-4	486,500		MA-10	169,900		MB-5	60,000		MC-2	81,800		MC-8	23,390		MD-5	80,000		ME-1	178,000				
MA-5	350,000		MA-11	49,990		MB-6	49,000		MC-3	67,500		MC-9	14,900		MD-6	68,100		ME-2	125,800				
MA-6	340,000		MB-1	198,000		MB-7	38,000		MC-4	59,800		MD-1	122,900		MD-7	50,000		ME-3	34,700				
																				HK\$ _____			

Donation in support of the procurement of the following equipment (For Community Services)<sup>Δ</sup>

No.	Cost per unit (HK\$)	Qty.	No.	Cost per unit (HK\$)	Qty.	No.	Cost per unit (HK\$)	Qty.	No.	Cost per unit (HK\$)	Qty.	No.	Cost per unit (HK\$)	Qty.	No.	Cost per unit (HK\$)	Qty.	No.	Cost per unit (HK\$)	Qty.				
CA-1	62,100		CA-17	19,000		CA-33	6,220		CB-5	100,000		CB-21	38,000		CB-37	22,000		CB-53	9,699		CB-69	5,500		
CA-2	50,000		CA-18	18,000		CA-34	6,200		CB-6	82,000		CB-22	37,800		CB-38	21,800		CB-54	9,500		CB-70	4,530		
CA-3	49,800		CA-19	16,000		CA-35	6,050		CB-7	81,000		CB-23	32,000		CB-39	20,000		CB-55	9,250		CB-71	4,200		
CA-4	48,800		CA-20	15,000		CA-36	5,200		CB-8	78,000		CB-24	31,880		CB-40	18,700		CB-56	8,900		CB-72	4,000		
CA-5	48,000		CA-21	15,000		CA-37	5,180		CB-9	72,800		CB-25	31,500		CB-41	18,500		CB-57	8,800		CB-73	3,960		
CA-6	40,000		CA-22	15,000		CA-38	5,000		CB-10	72,774		CB-26	26,800		CB-42	18,000		CB-58	8,500		CB-74	2,780		
CA-7	40,000		CA-23	13,800		CA-39	4,300		CB-11	68,100		CB-27	25,800		CB-43	18,000		CB-59	8,500		CB-75	2,500		
CA-8	35,000		CA-24	12,700		CA-40	4,300		CB-12	59,800		CB-28	25,100		CB-44	17,000		CB-60	8,300		CB-76	2,500		
CA-9	30,000		CA-25	12,420		CA-41	4,200		CB-13	49,800		CB-29	25,000		CB-45	15,500		CB-61	7,800		CB-77	2,200		
CA-10	25,000		CA-26	12,000		CA-42	3,500		CB-14	49,000		CB-30	24,500		CB-46	15,000		CB-62	6,650		CB-78	2,100		
CA-11	24,500		CA-27	12,000		CA-43	3,480		CB-15	48,800		CB-31	24,000		CB-47	14,600		CB-63	6,560		CB-79	2,100		
CA-12	24,000		CA-28	9,980		CA-44	3,200		CB-16	48,600		CB-32	24,000		CB-48	13,880		CB-64	6,500		CB-80	2,100		
CA-13	23,800		CA-29	9,000		CB-1	398,000		CB-17	46,000		CB-33	24,000		CB-49	12,700		CB-65	6,500		Total Amount:			
CA-14	23,000		CA-30	8,100		CB-2	132,000		CB-18	45,000		CB-34	22,500		CB-50	12,000		CB-66	6,280					
CA-15	20,000		CA-31	8,100		CB-3	125,000		CB-19	41,800		CB-35	22,200		CB-51	11,500		CB-67	5,800					
CA-16	19,800		CA-32	6,500		CB-4	108,000		CB-20	40,000		CB-36	22,000		CB-52	10,000		CB-68	5,800					
																				HK\$ _____				

<sup>Δ</sup>Should be the selected equipment been pledged by other donor(s), our staff will contact you and propose available 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)<sup>Δ</sup>

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)

## Acknowledgement in Annual Report

For cumulative donation of HK\$10,000 or above within the financial year, TWGHs will arrange acknowledgement in its annual report by the Name of Donor/ Company. <sup>Δ</sup> If acknowledgement is not required, please indicate by putting a tick in the box.  Acknowledgement is not required

<sup>Δ</sup> TWGHs may not be able to offer the aforesaid acknowledgement in Annual Report if the donation form is received after 10/1/2024.

### 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.

TWGHs Fund-raising Division ("the Division") shall comply with the Personal Data (Privacy) Ordinance in handling and keeping your personal data. TWGHs will not sell your personal data to any third party. The Division intends to use your personal data (name and contact details) for handling your donation instruction, and promotional purposes including future correspondences, fund-raising appeals, promotional activities, corporate communications or conducting survey. The Division will not use your personal data for the above purposes unless we have received your consent. If you do not wish to receive these materials, please indicate by putting a tick in the box(es) below. You have the right to access, amend and request the Division 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 do not wish to use  Post  Email  Phone  Fax to receive TWGHs promotional materials  
 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 HK\$100 or above to TWGHs is tax deductible.
2. For details, please contact the Fund-raising Division of TWGHs at 1878 333.
3. General donations for HK\$10,000 or more will be acknowledged in TWGHs Annual Report and the name will be the same as "Name of Donor/Company"

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

1878 333

查詢及捐款熱線  
Enquiry & Donation Hotline



www.tungwah.org.hk tungwahgroup

香港上環景仁街12號 | 12 Po Yan Street, Sheung Wan, Hong Kong

捐助表格  
Donation Form

2023-2024

捐助計劃  
Donation Scheme

# 醫療儀器 Medical Equipment

Tung Wah Group of Hospitals

東華三院



POSTAGE  
WILL BE  
PAID BY  
LICENSEE

郵費由  
持牌人支付

NO POSTAGE  
STAMP  
NECESSARY  
IF POSTED IN  
HONG KONG  
如在本港投寄  
毋須貼上郵票

GPO.WC27

BUSINESS REPLY SERVICE LICENCE NO. 202  
商業回郵牌號：202

香港  
普仁街十二號  
東華三院台啟

**TUNG WAH GROUP OF HOSPITALS**  
**12 PO YAN STREET**  
**HONG KONG**

