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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 or Paypal. 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./Mss/Company/Group* (If different from Name of Donor) (If different from Name of Donor) Receipt: Address: Please providecopy(ies) of "Friends of Tung Wah" Monthly Donation Scheme leaflet by email / post*. Our Promise to Protect Your Personal Data TWGHs Fund-raising Division ("the Division") shall comply with the Personal Data (Privacy) Ordinance in handling and keep your personal data. TWGHs will not sell your personal data to any third party. The Division will not use your personal data to mean and promotional purposes including future corresponder fund-raising appeals, promotional activities, corporate communications or conducting survey. The Division will not use yersonal data for the above purposes unless we have received your consent. If you do not wish to receive these materials, by estimate a too which the promotion and promotional purposes including survey. The Division will not use yersonal data for the above purposes at any time and at no charge by calling 1878 333 during office hours. Ido not wish to use Post Email Phone Fax to receive TWGHs promotional materials Signature: Date: Signature: Date: For Official Use only Donation AC Name CMEDS / MEDS Received on Post Data (Privacy) Ordinance in handling and keep your personal data to any third party. The Division will not use your personal data to any third party. The Division will not use your personal data to any third party. The Division in the data to any third party. The Division will not use your personal data to any third party. The Division in the data to any third party. The Division in the data to any third party. The Di	Name Acknowled Conation Name Donation Conation Name Conation By Check Cheque By Cred	e for Accowledge on of Honor H	eme HK\$ HK\$ ent i is no local to be	nt is n n Anr HK\$10	Hs Welement: ot required aforesai	uired Report above id acknowneque p	t within owledge ayable to	n sup the fina ment in A	port ncial y Annual	_ in s c of th year, T\ Report	upport e Med VGHs w if the don	of t ical	the Mile Equipange according is reported and a cordinate of the cordinate	edical pment knowled ceived a 's Info	Equal Door Door Door Door Door Door Door Doo	nipmenation ent in its ///2025.	nt Do Sche annual	(If contact of the	on Sch	from the	for H nity \$ Donor	ospit Servic / Comp	als ces any.
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Online Donation (for General Donation only) Please visit our website (www.tungwah.org.hk) for online donation via credit card or Paypal. 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) Mr/Mrs/Ms/Miss/Company/Group* (If different from Name of Donor) Onation of HK\$100 or above to TWGHs is tax deductible. 2. For details, please contact the Fund-raising Division of TWGHs Our Promise to Protect Your Personal Data TWGHs Will not sell your personal data to any third party. The Division intends to use your personal data for the above purposes unless we have received your consent. If you do not wish to receive these materials, ple undicate by putting a tick in the box(es) below. You have the right to access, amend and request the Division to stop using y personal data for the above purposes at any time and at no charge by calling 1878 333 during office hours. Ido not wish to use Post Email Phone Fax to receive TWGHs promotional materials of the above purposes at any time and at no charge by calling 1878 333 during office hours. Signature: Date: For Official Use only Domation Afc Name (MEDS/MEDS) Received on	□ Name □ Ackno Donatic Nonatic Nonat	e for Accowledgen of Honor of	eme HK\$ HK\$ ent i i no of t is no	n Anr HK\$10 ot requiper the	Hs Wellement: ot required aforesaid aforesaid anation capet this for ARD	uired Cepon above above above meque p	e within owledge ayable to ade by fax fax.)	n sup the fina ment in A "Tung Wa	port noial y Annual	in so the great of	upport e Med VGHs w if the don	cof tical Co Ci Ci Ci Ci Ci Ci Ci Ci Ci	the Mange according to the content of the content o	edical pment knowled ceived a 's Info f Donor	Equipment is o	nipmenation ent in its ///2025.	nt Do	(lf c	ifferent on School Scho	neme ('ommul') Name of Mr./Mrs./N	For Hanity S Donor Ms/Miss/Miss/Miss/Miss/Miss/Miss/Miss/	ospit Servic / Comp. Company.	als als any.
M/Y Online Donation (for General Donation only) Please visit our website (www.tungwah.org.hk) for online donation via credit card or Paypal. Donation receipt will be arranged according to the submitted information and need not post this form as to avoid duplication. Please issue donation 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) TwGHs Fund-raising Division ("the Division") shall comply with the Personal Data (Privacy) Ordinance in handling and keep your personal data for WGHs will not sell your personal data to runtile and contact details) for handling your donation instruction, and promotional purposes including future corresponded fund-raising appeals, promotional activities, corporate communications or conducting survey. The Division will not use y personal data for the above purposes at any time and at no charge by calling 1878 333 during office hours. Ido not wish to use Post Email Phone Fax to receive TWGHs promotional materials Signature: Date: Remarks: 1. Donation of HK\$100 or above to TWGHs is tax deductible. 2. For ofteials, please contact the Fund-raising Division of TWGHs Receipt Receipt Received on	□ Name □ Ackno Donatic Donatic knowlec cumulativ Acknowlec WGHs may conation By Chec Cheque By Cred To avoid du □ VISA Card No	e for Accowledge on of Honor o	emee HK\$ HK\$ ent i i on of t is no d I (Crec I	nt is n n Anr HK\$10 ot requiperer the	Hs Wellement: ot required a foresaid a fores	uired Report above id ackn	it e within owledge ayable to adde by fax.)	n sup the fina ment in A "Tung Wa	portinoial y	in so the control of	upport e Med VGHs w if the don bitals*)	cof t ical	che Marche Equiporaries recommendates and contact title:	edical pment knowled ceived a 's Info f Donoi Persor	Equipole Dorma	nipme nation its /1/2025.	nt Do	(If commatide eme () () () () () () () () () (on Sch (for Co	neme ('ommule Name of Mr./Mrs./N	Name Name Name Name Name Name Name Name	ospit Servic / Comp.	als als any.
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Name on Receipt: Mr./ Mrs./Ms./Miss/Company/Group* Remarks : Remarks : 1. Donation of HK\$100 or above to TWGHs is tax deductible. 2. For details, please contact the Fund-raising Division of TWGHs Donation AlC Name CMEDS / MEDS Received on Donation Alc Name Donation Alc N	□ Name □ Ackno □ Ackno □ Acknowlec □ Ackn	e for Accowledge on of Honor on Honor o	eknovement with the control of the c	n Anr HK\$10 ot requioffer the lit card do do not po	Hs Wellement: ot required aforesaid	uired Report above above aneque p neque p only) vah.org be arr	ayable to ade by fax.) Cardho	n sup the fina ment in A "Tung Wa king this fo	port ncial y Annual wh Grou orm to 2	_ in si c of th year, T\ Report p of Hosp 2559 6833	upport e Med VGHs w if the don bitals')	Control of the contro	che Marche de la companya de la comp	dgemer edical pment knowled cecived ar 's Info f Donor Persor Persor is: e provid data. TWG puntact details ppeals, pror for the above fitting a tick itting a tick itting a tick.	Equipolation is of the second	ipmenation ent in its ///2025. tion Scher Your Pe Division') st t sell your p diling your do activities, co	nt Doi Sche annual copy(ie me lear resonal E nall comply wersonal date nation instru porate com have recoon to un have the	(If connation (I	Tel I Fax: "Friency email arsonal Data hird party. The promotional naser. If you coses, amen	from the neme ('ommul') Name of Mr./Mrs./N No.: : (Privacy) Ord te Division inte purposes in cuting survey, do not wish to d and request	e Name for H nity \$ Donor/ Ms./Miss/M mig Wa . inance in h in Donor in h in	ospit Servic / Comp. Company. r./ Mrs./Ms ah"	als ces any.
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