

2024/2025 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)^Δ

*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.
MA-1	433,800		MB-4	160,000		MB-10	55,030		MB-16	23,200		MC-6	29,000		MD-4	98,000	
MA-2	379,010		MB-5	109,000		MB-11	49,999		MC-1	418,000		MC-7	24,480		MD-5	56,530	
MA-3	169,900		MB-6	88,000		MB-12	49,162		MC-2	67,000		MC-8	24,460		MD-6	50,000	
MB-1	199,610		MB-7	85,500		MB-13	46,020		MC-3	54,090		MD-1	200,000		MD-7	34,180	
MB-2	188,000		MB-8	78,000		MB-14	38,800		MC-4	32,700		MD-2	120,000		MD-8	32,000	
MB-3	167,000		MB-9	63,800		MB-15	30,000		MC-5	31,500		MD-3	100,000		MD-9	26,500	
Total Amount:																HK\$ _____	

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

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	170,000		CA-17	24,995		CA-33	4,788		CB-12	88,000		CB-28	40,000		CB-44	22,200	
CA-2	80,500		CA-18	24,800		CA-34	4,000		CB-13	75,000		CB-29	40,000		CB-45	21,000	
CA-3	60,000		CA-19	24,000		CA-35	3,800		CB-14	72,800		CB-30	37,700		CB-46	20,000	
CA-4	49,800		CA-20	22,000		CA-36	3,000		CB-15	68,100		CB-31	35,600		CB-47	19,900	
CA-5	43,500		CA-21	22,000		CA-37	2,980		CB-16	68,000		CB-32	33,800		CB-48	19,390	
CA-6	42,000		CA-22	17,820		CB-1	288,000		CB-17	60,000		CB-33	33,700		CB-49	19,060	
CA-7	40,000		CA-23	17,800		CB-2	190,000		CB-18	59,800		CB-34	30,000		CB-50	17,800	
CA-8	39,000		CA-24	16,000		CB-3	184,000		CB-19	58,000		CB-35	29,900		CB-51	16,140	
CA-9	38,000		CA-25	15,000		CB-4	180,000		CB-20	50,000		CB-36	28,850		CB-52	16,000	
CA-10	35,450		CA-26	13,800		CB-5	180,000		CB-21	49,800		CB-37	27,700		CB-53	16,000	
CA-11	35,000		CA-27	12,500		CB-6	132,000		CB-22	49,752		CB-38	27,300		CB-54	15,300	
CA-12	34,200		CA-28	8,500		CB-7	125,000		CB-23	48,800		CB-39	25,800		CB-55	15,000	
CA-13	28,900		CA-29	8,000		CB-8	120,000		CB-24	48,390		CB-40	25,000		CB-56	14,400	
CA-14	28,000		CA-30	7,800		CB-9	108,000		CB-25	48,000		CB-41	24,740		CB-57	14,000	
CA-15	26,000		CA-31	6,580		CB-10	99,450		CB-26	46,607		CB-42	24,680		CB-58	13,440	
CA-16	25,250		CA-32	6,520		CB-11	99,000		CB-27	43,500		CB-43	24,000		CB-59	12,900	
Total Amount:																HK\$ _____	

^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.

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)^Δ

☐ 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. ^Δ

☐ Acknowledgement is not required

^Δ TWGHs may not be able to offer the aforesaid acknowledgement in Annual Report if the donation form is received after 10/1/2025.

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 or Paypal. 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 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 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

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.

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