

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.

(Please tick 「✓」 the relevant box(es) or

*delete wherever inappropriate)

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

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

List of Medical Equipment
still available

□ 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)^

☐ 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)

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. ^

If acknowledgement is not required, please indicate by putting a tick in the box. ☐

^a TWGHs may not be able to offer the aforesaid acknowledgement in Annual Report if the donation form is received after 12/1/2026.

☐ **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

(Same as the signature of your credit card)

☐ 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

Name on Receipt: _____ Mr./ Mrs./Ms./Miss/Company/Group *

(If different from Name of Donor)

- ☐ To save administrative cost, donation receipt is not required

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		☐ No Add. Labels	
Donation A/C Name	CMEDS / MEDS	Received on	
Receipt no.	R	Receipt issued on	
Amount (HKD)		Receipt/ TY sent on	