

支持東華三院，為更多有需要的病人帶來希望，揭開生命的新一頁

Please support Tung Wah Group of Hospitals to bring hope to the needy and open a new chapter in their lives

「醫療儀器捐助計劃」捐助表格 Donation Form of "Medical Equipment Donation Scheme"

I

☒ 本人/機構願意捐款支持上述計劃，詳情如下(請在所選項目的空格內加上「✓」；並在註「*」該處刪去不適用者。):
I/We would like to support the above donation scheme (Please tick the appropriate box(es); and "*" delete if inappropriate.):

1. 捐助醫療儀器 (請在所選項目的空格內填上數量)

Donation of Medical Equipment (Please put the quantity in the appropriate box(es))

編號 No.	每件價值(\$) Cost	數量 Qty.	編號 No.	每件價值(\$) Cost	數量 Qty.	編號 No.	每件價值(\$) Cost	數量 Qty.	編號 No.	每件價值(\$) Cost	數量 Qty.	編號 No.	每件價值(\$) Cost	數量 Qty.
A1	862,000		A11	55,500		B21	70,000		C31	306,776		E41	100,100	
A2	590,000		A12	55,000		B22	55,000		C32	271,756		E42	70,000	
A3	250,000		A13	45,000		B23	50,000		C33	167,000		E43	61,000	
A4	180,000		A14	28,000		B24	35,000		C34	158,000		E44	33,000	
A5	98,000		A15	18,000		B25	32,000		C35	135,000		E45	31,000	
A6	92,474		A16	12,500		B26	25,000		C36	56,000		E46	26,800	
A7	70,300		A17	12,000		B27	16,000		C37	55,000		E47	26,000	
A8	70,000		B18	170,300		C28	500,000		D38	213,883				
A9	65,525		B19	122,000		C29	456,300		D39	58,000				
A10	60,000		B20	84,000		C30	400,000		E40	101,100				

2. 捐助資料

Donation Information

☐ (I) 捐助儀器全部添置費用 Donation of the whole purchase cost of equipment

(i) 捐助上述儀器的全部添置費用，共港幣_____元正。
To donate the above medical equipment in total of HK\$_____.

(如已有善長捐助上述儀器的全部添置費用，本人同意將是項善款用作添置其他急需的醫療設備及儀器。)
(If the above equipment was donated by other well-wisher, I agreed the donations will be allocated for other additional medical equipment and device.)

(ii) 儀器上的鳴謝名稱為：
Acknowledgement on the equipment:

☐ 承蒙

Thanks to _____

☐ 紀念

In memory of _____

(如您捐助附表上任何一項儀器的全部添置費用，本院將在該儀器上鳴謝您的捐贈。)
(For donation of the whole purchase cost of equipment, your name will be inscribed on that equipment.)

☐ (II) 惠捐善款支持添置儀器費用 Donation to support the purchase of equipment

樂捐善款_____元正，支持東華三院添置儀器費用。
To donate HK\$_____, in support of Tung Wah's Medical Equipment Donation Scheme.

3. 善長資料

Donor's Information

姓名 Name	(先生/女士)* (Mr./Ms)*
捐款收據芳名 (如與捐款人不同) Name of receipt (If different from donor's name)	(先生/女士)* (Mr./Ms)*
地址 Address	
日間聯絡電話 Daytime tel no.	
電郵 Email	
善長留言 Donor's message	

4. 捐款方法

Donation Method

☐ (I) 支票捐款 Payment by cheque

現附上抬頭「東華三院」的劃線支票開列港幣_____元正，支付以上項目的捐款。

Enclosed is a crossed cheque for HK\$_____ (cheque no.: _____) payable to "Tung Wah Group of Hospitals".

☐ (II) 信用卡捐款 Payment by credit card 【只適用於項目2(II)。 For item 2(II) only】

信用卡捐款可直接傳真至 2559 6835。
Credit card donation can be sent to us by fax to 2559 6835.

☐ VISA 卡 VisaCard

☐ 萬事達卡 MasterCard

信用卡號碼
Credit card no.

信用卡簽發銀行
Credit card issuing bank

信用卡有效日期至 _____ 月 _____ 年
Card valid until _____ MM _____ YY

(須於三個月內有效 Should be valid for the next three months)

信用卡持有人姓名
Cardholder's name

信用卡持有人簽署
Signature of credit cardholder

日期
Date

☐ (III) 網上捐款 Online donation 【只適用於項目2(II)。 For item 2(II) only】

閣下可登入東華三院網頁 - www.tungwah.org.hk 使用信用卡捐款，網上捐款不用交回此表格，我們將依據您的資料印發收據。

You can use your credit card to make donation at our website - www.tungwah.org.hk. You do not need to return this form to Tung Wah. Receipts will be issued according to your record with us.

備註 Remarks

- 捐助東華三院滿 100 元的善款可獲政府免稅。
Donation of \$100 or more to Tung Wah is tax deductible.
- 欲詢詳情，請致電 1878 333 或 2859 7535 聯絡本院籌募科。
Please call the Fund-raising Division of Tung Wah Group of Hospitals at 1878 333 or 2859 7535 for details.
- 閣下向本院提供的個人資料只限作籌募活動及寄回捐款收據之用。倘若閣下不願意收到本院的籌募活動資料，請將信封載有您的姓名及地址的標籤剪下和寄回本院。
Your personal data is for our issuing receipts and sending appeal information only. If you do not want to receive our publicity materials, please return the label on the envelope with your name and address to us for follow-up arrangement.

請沿此虛線摺疊及封口