

“Medical Equipment Donation Scheme (for Hospitals)” Donation Form

- ☒ Yes, I would like to support “**Medical Equipment Donation Scheme**” to help the needy patients with Tung Wah
(Please tick the appropriate box(es) ; and “*” delete if inappropriate.) :

Donation information

- ☐ **Donation in support of procurement of medical equipment** [Please mark the quantity in the appropriate box(es)]

No.	Cost (\$)	Qty.	No.	Cost (\$)	Qty.	No.	Cost (\$)	Qty.	No.	Cost (\$)	Qty.
A1	295,463		A16	15,000		C31	225,000		D46	25,000	
A2	156,566		A17	11,000		C32	212,910		D47	22,000	
A3	153,162		B18	250,000		C33	159,600		E48	380,000	
A4	130,000		B19	76,476		C34	90,000		E49	101,102	
A5	130,000		B20	70,000		C35	50,000		E50	100,101	
A6	105,000		B21	70,000		C36	46,000		E51	86,958	
A7	96,000		B22	68,655		C37	40,000		E52	55,000	
A8	82,800		B23	50,000		C38	36,300		E53	49,800	
A9	80,000		B24	49,800		C39	36,275		E54	38,000	
A10	56,000		B25	40,000		C40	36,000		E55	34,500	
A11	50,000		B26	40,000		D41	100,000		E56	10,000	
A12	49,000		B27	37,000		D42	78,650		E57	6,500	
A13	40,000		B28	31,000		D43	62,000		E58	6,200	
A14	32,000		C29	435,000		D44	52,500				
A15	32,000		C30	394,825		D45	30,000				

(1) Yes, I would like to donate a total sum of HK\$_____ for procurement of the above sponsored medical equipment. (If the above equipment is already donated by other well-wisher, I agree to allocate my donations to other much-needed medical equipment and facilities.)

(2) Acknowledgement on the equipment (Your name will be inscribed on the equipment you donate.) :

☐ Thanks to _____ ☐ In memory of _____

☐ General donation

I would like to donate HK\$_____ in support of “Medical Equipment Donation Scheme”.

Donor’s information

Donor name for acknowledgement arrangements	
Mr./Ms.*	
Address	
Daytime tel. no.	E-mail
Date of birth	DD/ MM
Signature	Date
Donor’s message	

Donation by cheque

Cheque no.: _____
(Please make your crossed cheque payable to “Tung Wah Group of Hospitals” and mail to us with this completed form for a donation receipt.)

Payment by credit card (Credit card donation can be made by faxing this form to 2559 6835.)

<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
Card number	
Issuing bank	
Card valid until	MM/ YY
Cardholder’s name	
Mr./Ms.*	
Signature of cardholder	Date

Online donation (for credit card donation)

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.

Donation receipt

<input type="checkbox"/> Please issue donation receipt <small>Remarks 2</small>
Name on receipt: _____ Mr./Ms.*
(if different from donor name)
<input type="checkbox"/> To help save administrative costs, please do not send me a donation receipt.

Please send me

☐ _____ pieces of information on “**Friends of Tung Wah**” monthly donation scheme.

Remarks

- Please complete and return this form together with the donation to Tung Wah Group of Hospitals. Please write “Tung Wah Group of Hospitals Freepost No. 10” on the front of an envelope. No postage is required. You may either fax the form to 2559 6835 in advance.
- Donation of \$100 or more to Tung Wah is tax deductible.
- Please call the Fund-raising Division of Tung Wah Group of Hospitals at 1878 333 or 2859 7535 for details.
- Your personal data will be used for receipting and fund-raising purposes only.

For TWGHs use

Received on		Receipt issued on	
Receipt no.	R	Receipt/TYL sent on	
Donation A/C name	MEDS(Hospitals)	Amount (HK\$)	