

# **Donation in lieu of floral gifts for the Inauguration of the Board of Directors 2012/2013 Donation Form**

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To: Tung Wah Group of Hospitals

I/We would like to donate HK\$\_\_\_\_\_ in support of your services and as a token of congratulation to #Mr./Ms./everyone elected as Board Member(s) (2012/2013) of your organization. (Please "✓" the appropriate box(es) and "#" delete if inappropriate.)

## **Donation Method**

☐ **Payment by cheque (by mail; please refer to note 2)**

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

☐ **Payment by credit card**

Credit card donation can be sent to us by fax to 2559 6835

Credit card no.	-	-	-	<input type="checkbox"/> VisaCard	<input type="checkbox"/> MasterCard
Card valid until	MM		YY		
Cardholder's name					
Signature of cardholder			Date		

## **Donor's Information**

Donor name: #Mr. /Mrs.

Name on receipt: #Mr. /Mrs. (Please complete if different from the above)

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of birth: \_\_\_\_\_ MM DD

Contact person: #Mr./Mrs. Tel.: \_\_\_\_\_ (Daytime)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Donor's message: (1) Please send me \_\_\_\_\_ copies of # "Friends of Tung Wah" Monthly Donation Scheme /  
"Monthly Donation Scheme for Medical Services" leaflet.

(2) \_\_\_\_\_

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- Note:**
1. Donation of HK\$100 or more to Tung Wah is tax deductible.
  2. Please send cheque with this donation form to Fund-raising Division, 3/F, 12 Po Yan Street, Sheung Wan, Hong Kong.
  3. The personal data you provided will be used only for our fund-raising events and issuance of donation receipts. If you do not want to receive our publicity materials, please call 2859 7888, Fund-raising Division, Tung Wah Group of Hospitals for follow-up arrangement.