

“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	437,000		B17	64,000		C33	110,000		D49	49,000	
A2	200,000		B18	60,000		C34	99,800		D50	26,000	
A3	120,000		B19	50,000		C35	68,000		D51	25,000	
A4	96,000		B20	50,000		C36	48,000		D52	20,000	
A5	93,000		B21	50,000		C37	46,800		D53	20,000	
A6	93,000		B22	40,000		C38	38,000		E54	182,000	
A7	80,000		B23	32,000		C39	35,000		E55	75,000	
A8	40,000		B24	30,000		C40	34,275		E56	62,000	
A9	38,000		C25	814,900		C41	20,000		E57	35,200	
A10	30,000		C26	612,000		D42	300,000		E58	26,800	
A11	30,000		C27	499,980		D43	140,000		E59	22,250	
A12	15,000		C28	378,130		D44	110,000		E60	21,800	
B13	265,000		C29	158,000		D45	78,000		E61	8,800	
B14	230,000		C30	138,000		D46	65,000		E62	2,780	
B15	138,000		C31	117,500		D47	60,000				
B16	123,500		C32	113,000		D48	59,000				

(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 _____ or; ☐ 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	
— — —	
Card valid until	MM/ YY
Cardholder’s name	Mr./Ms.*
Signature of cardholder	Date

Online donation (for credit card or PayPal donation)

Please log on to www.tungwah.org.hk to make donation by credit card or through PayPal. 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 7538 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\$)	

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