

“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	363,768		B17	50,000		C33	78,000		D48	20,000	
A2	280,000		B18	45,000		C34	70,000		E49	389,600	
A3	250,000		B19	44,000		C35	68,000		E50	238,000	
A4	180,000		B20	41,000		C36	48,600		E51	105,000	
A5	151,000		B21	37,000		D37	149,900		E52	66,430	
A6	130,000		B22	31,000		D38	110,000		E53	57,110	
A7	129,900		B23	30,000		D39	97,650		E54	42,600	
A8	101,026		B24	25,000		D40 (a)	78,000		E55	42,600	
A9	68,000		C25	1,300,000		D40 (b)	67,200		E56	40,500	
A10	48,000		C26	996,237		D41	75,800		E57	40,000	
A11	47,000		C27	650,000		D42	60,000		E58	26,800	
A12	23,000		C28	400,000		D43	49,990		E59	21,800	
B13	138,000		C29	399,000		D44	38,000				
B14	69,200		C30	290,000		D45	30,200				
B15	68,000		C31	113,000		D46	23,000				
B16	50,000		C32	98,331		D47	21,000				

(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	Remarks 2
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

<input type="checkbox"/> _____ pieces of information on “ Friends of Tung Wah ”/“ Medical Services ”* 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 7516 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	Amount (HK\$)	

I