

“Medical Equipment Donation Scheme (for Community Services)” Donation Form

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

Donation information

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

No	Cost (\$)	Qty.	No	Cost (\$)	Qty.	No	Cost (\$)	Qty.	No	Cost (\$)	Qty.
A1	240,000		A23	4,500		B22	30,900		B44	4,000	
A2	200,000		B1	120,000		B23	30,500		B45	3,888	
A3	200,000		B2	73,000		B24	27,600		B46	3,680	
A4	80,000		B3	68,475		B25	27,400		B47	3,280	
A5	49,760		B4	64,572		B26	25,800		B48	3,180	
A6	48,850		B5	58,000		B27	25,500		B49	2,600	
A7	47,800		B6	54,000		B28	24,900		B50	2,490	
A8	45,600		B7	51,300		B29	23,000		B51	2,480	
A9	40,000		B8	49,998		B30	22,500		B52	2,400	
A10	40,000		B9	49,990		B31	20,000		B53	2,380	
A11	39,100		B10	49,790		B32	18,000		B54	2,155	
A12	30,350		B11	47,248		B33	16,500		B55	2,000	
A13	27,500		B12	47,000		B34	15,000		C1	49,000	
A14	23,280		B13	45,800		B35	10,800		C2	33,000	
A15	20,000		B14	39,800		B36	9,480		C3	16,000	
A16	19,000		B15	38,000		B37	7,300		C4	5,000	
A17	18,000		B16	37,800		B38	7,000		C5	4,800	
A18	16,500		B17	34,980		B39	6,500		C6	3,490	
A19	14,000		B18	34,400		B40	5,800		C7	2,980	
A20	12,100		B19	34,100		B41	5,680				
A21	5,500		B20	33,500		B42	5,050				
A22	5,300		B21	31,600		B43	4,800				

(1) Yes, I would like to donate a total sum of HK\$_____ for procurement of the above sponsored medical and rehabilitation 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 (for Community Services)”.

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.)

Remarks

- Please complete and return this form together with the donation to Tung Wah Group of Hospitals. Please write “Tung Wah Group of Hospitals Freeport 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 7683 for details.
- Your personal data will be used for receipting and fund-raising purposes only.

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.

For TWGHs use

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