

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 as 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	580,000		B15	100,000	/	C29	35,754	/	D43	28,000	
A2	444,950		B16	99,800	/	C30	25,000	/	D44	26,000	
A3	441,214		B17	88,100	/	C31	21,000	/	D45	21,500	
A4	430,000		B18	70,000	/	C32	20,000	/	E46	124,352	
A5	407,711		B19	49,500	/	C33	3,200	/	E47	72,200	
A6	392,000		B20	36,000	/	D34	880,000		E48	69,490	
A7	254,890		B21	30,000	/	D35	777,200		E49	49,800	
A8	330,000		C22	760,000		D36	644,000		E50	49,000	
A9	168,048		C23	330,000		D37	378,000		E51	44,000	
A10	159,299		C24	330,000		D38	300,000		E52	40,000	
A11	151,915		C25	89,000		D39	149,890		E53	28,950	
A12	66,350		C26	76,050		D40	78,000		E54	27,116	
B13	200,000	/	C27	50,000	/	D41	60,000	/			
B14	150,000	/	C28	49,800	/	D42	49,890	/			

(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 donated.) :

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		Mr./Ms.*
Address		
Tel. no.	Date of birth	DD/ MM
E-mail		
Signature	Date	
Donor's message Please send me _____ pieces of information on Friends of Tung Wah / Medical Services * Monthly Donation Scheme.		

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.

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.)

I - 2013

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 7419 for details.
- Your personal data will be used for receipting.
- Tung Wah intends to use your personal data (name, address, phone no., email and fax) for future contact, fund-raising, promotion / training or collection of opinions etc. We will not use your personal data for the above purposes without your consent. Should you find such use of your personal data not acceptable, please indicate your disagreement by ticking the box below. If no indication stated, we will deem that you agree to our using your personal data for the above promotion purposes.
 I object to Tung Wah's using my personal data for the above promotion purposes.

For TWGHs use

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