## TWGHs Medical Equipment Donation Scheme (for Community Services) Donation Form

(Please complete and return this form to us by mail or by fax  $2559\ 6835$ .)

Yes, I would like to support "Medical Equipment Donation Scheme (for Community Services)" to help the needy patients with Tung Wah Group of Hospitals (TWGHs)..

| Do   | nation Infor  | mation  | ,  |  | (Please ti   | ck the appro   | priate box   | (es) or "*"dele  | te if in             | appropriate.                    | .)                     |
|--|---|---|--|--|--|--|--|--|----------------------|---------------------------------|------------------------|
|  | Donation  | in sup  | port of procui   | rement of medical an   | d reha   | bilitatio  | n equi   | pment.   |                      |                                 |                        |
|  |   | _   |  | ease refer to the equipmer                                     |  |  | •  | •  |                      |                                 |                        |
|  | Code  |   |  | equipment  |  | alue per<br>(HK\$  |  | Donate<br>quantit  |                      | Sub-to                          |                        |
|  |   |   |  |  |  | (1111)   | )  | quantit  | <b>y</b>             | (1115φ                          | <i>y</i>               |
|  |   |   |  |  |  |  |  |  |                      |                                 |                        |
|  |   |   |  |  |  |  |  | Total: F   | IK\$                 |                                 |                        |
|  | medical e<br>(2) Acknowle   | quipmen<br>edgemen  | t and facilities.  | onated by other well-wisher t (Your name will be inscreased or | ribed on   | the equipr   | nent you   |  |                      |                                 | ded                    |
| _  |   |   |  |  |  | . y o <sub>j</sub>   |  |  |                      |                                 |                        |
|  | I General Do<br>I would like<br>Services)".   |   |  | in support of '  | 'Medical   | Equipme  | ent Don  | ation Schen  | ne (fo               | or Comm                         | unity                  |
| Do   | nor's Inforn  | nation  |  |  |  |  |  |  |                      |                                 |                        |
| Name   |   |   | * Mr / Ms/ Miss  |  |  | 1  |  |  |                      |                                 |                        |
| Address  |   |   | Fax  |  |  |  | L L L H L L L L  |  |                      |                                 |                        |
| Email  |   |   |  |  | Date of 1  | te of Birth  |  |  | Day L Month          |                                 |                        |
|  | Crossed Cheque Cheque No.: Please make your cheque payable to the "Tung Wah Group of Hospitals" and return together with this form for an official receipt.  Credit Card O VISA O MASTERCARD  Cardholder's Name * Mr / Ms/ Miss |   |  |  |  |  |  |  |                      |                                 |                        |
|  | Card No.  | L   |  |  |  | Card Valid until   |  |  |                      |                                 |                        |
|  | Cardholder's<br>Signature   |   |  |  |  | Date   |  |  |                      |                                 |                        |
|  | Credit card donation can be made by faxing this form to 2559 6835.  |   |  |  |  |  |  |  |                      |                                 |                        |
|  | nation Rece   | ipt   |  |  |  |  |  |  |                      |                                 |                        |
| Name on receipt                                  |   |   | * Mr / Ms/ Miss  |  |  |  |  |  |                      |                                 |                        |
|  |   |   |  | (If different from donor                                       | name)  |  |  |  |                      |                                 |                        |
|  |   |   |  | receipt is required.   |  |  |  |  |                      |                                 |                        |
| provi<br>appea<br>give<br>reque<br>I to<br>I hav | ide your personal dat<br>als, promotional activ<br>your consent. If you c<br>est TWGHs to stop us<br>object to the use of my  | a to any thin<br>rities, training<br>lo not agree<br>ing your personal da | rd party. TWGHs intends<br>g courses, conducting sur<br>to the use of your persona<br>sonal data for the above p<br>ata by TWGHs for the abo | collection, use and provision of pers                          | address, teleparposes. TW6 indicate by by calling 18 conal data by | whone no., em<br>GHs will not<br>putting a tick<br>78 333 during | ail and fax<br>use your pe<br>in the box b<br>g office hou | no.) for future or<br>ersonal data for the<br>below. You have to | correspo<br>ne abovo | ondences, fund<br>e purposes un | d-raising<br>ıless you |
| Web  | ation hotline: 1878 site: http://www.tu   |   | Fax: 2559 6  .hk Address: 12   | 835 Email: <u>enquir</u><br>Po Yan Street, Sheung Wan, Ho      |  | n.org.hk   |  |  |                      |                                 |                        |
| Received on                                      |   |   |  | Receipt Issued on  |  |  | Donation A/C name  |  | CN                   | MEDS                            |                        |
| Rec  | ceipt no.   | R   |  | Receipt / TYL sent on  |  |  | Amount (H  | HK\$)  |                      |                                 | ŀ                      |