

2016/17 Medical Equipment Donation Scheme (for Hospitals) Donation Form (Completed form with donation shall be sent by post to Fund-raising Division, Tung Wah Group of Hospitals, 12 Po Yan Street, Sheung Wan or fax to 2559 6835)

I am/ We are pleased to support the captioned Scheme to help the patients in need by,

☐ Donation in support of the procurement of the following equipment

(Should the selected equipment has been chosen by other donor(s), our staff will contact you and propose available equipment-in-need for your consideration)

No.	Unit Cost (\$)	Qty.	No.	Unit Cost (\$)	Qty.	No.	Unit Cost (\$)	Qty.
A1	1,000,000		B7	45,000		D3	88,000	
A2	970,000		B8	40,000		D4	80,850	
A3	750,000		B9	35,730		D5	80,000	
A4	378,000		B10	32,310		D6	60,000	
A5	278,000		B11	24,000		D7	58,520	
A6	210,000		C1	268,200		D8	49,990	
A7	129,000		C2	98,000		D9	40,400	
A8	120,000		C3	85,000		D10	28,000	
A9	110,000		C4	75,000		D11	24,900	
A10	95,000		C5	75,000		E1	700,000	
A11	49,980		C6	74,000		E2	578,800	
A12	30,000		C7	60,000		E3	150,000	
B1	360,000		C8	40,000		E4	66,000	
B2	150,000		C9	35,000		E5	50,000	
B3	80,200		C10	29,800		E6	49,900	
B4	80,000		C11	20,000		E7	12,400	
B5	78,000		D1	180,000		Total Amount: HK\$_____		
B6	54,000		D2	98,000				

Acknowledgement Arrangement

☐ Acknowledgement on Equipment

☐ In Appreciation of _____ or

☐ In memory of _____

☐ Acknowledgement is not required

☐ Acknowledgement in TWGHs Website and Annual Report

☐ Name for Acknowledgement: _____ (If different from the Name of Donor)

☐ Acknowledgement is not required

☐ Donation of HK\$ _____ in support of the Medical Equipment Donation Scheme (for Hospitals)

For donation of \$10,000 or above, acknowledgement will be arranged in TWGHs Annual Report

☐ Name for Acknowledgement: _____ (If different from the Name of Donor)

☐ Acknowledgement is not required

(Please tick ✓ the relevant box(es) or *delete wherever inappropriate)

Donation Method

☐ By Cheque (Please mark your crossed cheque payable to “Tung Wah Group of Hospitals”)

Bank: _____ Cheque No.: _____

☐ By Credit Card

(Credit card donation can be made by faxing this form to 2559 6835. To avoid duplication, please do not post this form after fax.)

☐ VISA ☐ MASTERCARD

Card No.: _____ — _____ — _____ — _____ Expiry Date: _____ M/ _____ Y

Name of Cardholder: _____ Signature of Cardholder: _____

☐ Online Donation (for General Donation only)

Please visit our website (www.tungwah.org.hk) for online donation via credit card, Paypal or Octopus. Donation receipt will be arranged according to the submitted information and need not post this form as to avoid duplication.

Donation Receipt

☐ Please issue donation receipt

Name on Receipt : _____ Mr./Ms./Miss* (If different from Name of Donor)

☐ To save administrative cost, donation receipt is not required

Donor’s Information

Name of Donor: _____ Mr./Ms./Miss* Date of Birth: _____ D/ _____ M

Contact Person: _____ Mr. /Ms. /Miss* Title: _____

Tel No.: _____ Fax: _____ Email: _____

Address: _____

☐ Please provide _____ copy(ies) of “Friends of Tung Wah” Monthly Donation Scheme leaflet by post.

The Tung Wah Group of Hospitals (“TWGHs”) shall comply with the Personal Data (Privacy) Ordinance in handling and keeping your personal data. TWGHs will not sell and/or provide your personal data to any third party. TWGHs intends to use your personal data (name, address, telephone no., email and fax no.) for future correspondences, fund-raising appeals, promotional activities, training courses, conducting survey, or other related promotional purposes. TWGHs will not use your personal data for the above purposes unless you give your consent. If you do not agree to the use of your personal data for the above purposes, please indicate by putting a tick in the box below. You have the right to access, correct and request TWGHs to stop using your personal data for the above purposes at any time and at no charge by calling 1878 333 during office hours.

☐ I object to the use of my personal data by TWGHs for the above promotional purposes.

I have read, understood and accepted the statement regarding the collection, use and provision of personal data by TWGHs.

Signature: _____ Date: _____

Remarks

1. Donation of \$100 of above to TWGHs is tax deductible.
2. For details, please contact the Fund-raising Division of TWGHs at 1878 333 or 2859 7880.

For Official Use only			
Donation A/C Name	MEDS	Received on	
Receipt no.	R	Receipt issued on	
Amount (HKD)		Receipt/ TYL sent on	I