

2016/17 Medical Equipment Donation Scheme (For Community Services) 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. (Please tick 「✓」 the relevant box(es) or *delete wherever inappropriate)

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.	Cost per unit (\$)	Qty.	No.	Cost per unit (\$)	Qty.	No.	Cost per unit (\$)	Qty.
A1	160,000		B1	400,000		B44	24,800	
A2	115,000		B2	298,000		B45	19,990	
A3	80,000		B3	4,100		B46	19,000	
A4	80,000		B4	80,000		B47	18,500	
A5	78,000		B5	78,000		B48	17,100	
A6	78,000		B6	72,000		B49	16,815	
A7	76,000		B7	68,000		B50	16,140	
A8	60,000		B8	61,000		B51	16,000	
A9	50,000		B9	59,900		B52	15,000	
A10	48,000		B10	58,000		B53	14,800	
A11	44,000		B11	53,000		B54	14,800	
A12	37,000		B12	50,337		B55	14,000	
A13	29,200		B13	49,900		B56	13,980	
A14	25,000		B14	49,800		B57	12,930	
A15	24,480		B15	49,800		B58	12,800	
A16	22,500		B16	49,000		B59	12,140	
A17	22,000		B17	48,600		B60	11,820	
A18	22,000		B18	48,000		B61	11,496	
A19	19,000		B19	46,950		B62	11,440	
A20	19,000		B20	46,000		B63	11,200	
A21	17,600		B21	43,800		B64	10,000	
A22	16,140		B22	43,500		B65	9,600	
A23	14,000		B23	43,500		B66	9,000	
A24	13,500		B24	42,000		B67	9,000	
A25	13,000		B25	42,000		B68	8,288	
A26	12,000		B26	39,800		B69	7,152	
A27	11,360		B27	39,780		B70	5,930	
A28	10,000		B28	39,300		B71	5,800	
A29	9,800		B29	38,000		B72	5,400	
A30	9,000		B30	37,000		B73	5,306	
A31	9,000		B31	35,000		B74	4,800	
A32	8,000		B32	35,000		B75	4,500	
A33	6,680		B33	33,000		B76	3,750	
A34	5,000		B34	32,900		B77	3,500	
A35	5,000		B35	32,000		B78	3,150	
A36	4,800		B36	32,000		B79	2,900	
A37	4,082		B37	30,000		B80	2,232	
A38	3,600		B38	30,000		B81	2,000	
A39	3,500		B39	29,800		C1	70,000	
A40	3,300		B40	28,900		C2	40,000	
A41	3,000		B41	28,000		C3	16,240	
A42	2,800		B42	26,500		C4	10,400	
A43	2,150		B43	26,500		C5	10,000	

Total Amount: HK\$

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 Community Services)

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

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 send me 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 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 or above to TWGHs is tax deductible.
2. For details, please contact the Fund-raising Division of TWGHs at 1878 333 or 2859 7594.

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