



# TWGHs Free Medical Donation Scheme Donation Form

醫護仁心·響樂30年  
Healing with Love and Music  
for 30 Years

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 by **20 August 2018 (Monday)**.

**I / We are pleased to support the captioned Scheme by:** (Please tick the relevant box(es) or \*delete where appropriate)

**Signing up as Patron**

Patronage (Donation HK\$)	To be Named on Donation Plaque at Tung Wah Hospital and Tung Wah Eastern Hospital	To be invited to Charity Dinner Show	Company logo/name to be acknowledged in Souvenir Programme	Complimentary Advertisement in Souvenir Programme	To receive souvenir in the Ceremony at Charity Dinner Show	Acknowledgement in Event Press Release and Annual Report
<input type="checkbox"/> Permanent Honourable Patron (\$500,000)	Permanent	2 Tables (20 Seats)	1 Page	2 Pages	✓	✓
<input type="checkbox"/> Honourable Patron (\$300,000)	Named for 5 years	2 Tables (20 Seats)	1 Page	2 Pages	✓	✓
<input type="checkbox"/> Diamond Patron (\$120,000)	Named for 1 year	1 Table (10 Seats)	1 Page	1 Page	✓	✓
<input type="checkbox"/> Gold Patron (\$80,000)	Named for 1 year	1 Table (10 Seats)	1/2 Page	1 Page	✓	✓
<input type="checkbox"/> Silver Patron (\$50,000)	Named for 1 year	1 Table (10 Seats)	1/3 Page	1 Page	✓	✓
<input type="checkbox"/> Table Patron (\$38,000)	--	1 Table (10 Seats)	List of Name	--	--	Annual Report Only

I / We agree to be acknowledged on donation plaque / souvenir programme / event press release / annual report\*

**Advertisement in Souvenir Programme** (Donation of \$10,000 for 1 full page colour advertisement; Size: 26cm (H) x 18cm (W), 5mm bleeding, with over 300dpi resolution)

Please send the advertisement in jpg or pdf format to [rdfru3@tungwah.org.hk](mailto:rdfru3@tungwah.org.hk)  Please state: With the compliments of \_\_\_\_\_

**General Donation** Every \$6,000 donation would support 100 needy to receive general public outpatient services for free or to provide a free bed for 50 days.

\$60,000  \$40,000  \$20,000  \$10,000  \$6,000  \$ \_\_\_\_\_

**Joining as 'Medical Services Monthly Donation Scheme'** to make a monthly donation for the provision of free medical services of TWGHs

Monthly Donation Amount  \$1,000  \$800  \$500  \$300  \$ \_\_\_\_\_

I am / We are not able to support the Scheme this time, but would like to receive information on TWGHs fund-raising campaigns in future (Please provide donor's information as listed below)

## Donation Method

**By Cheque** Cheque no.: \_\_\_\_\_ (crossed cheque payable to "東華三院" or "Tung Wah Group of Hospitals")

**By Credit Card** (For general donation and 'Medical Services Monthly Donation Scheme'; 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: \_\_\_\_\_ month / \_\_\_\_\_ year

Name of Cardholder: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_

**Via Banks** Please send us the original pay-in-slip together with this completed form by post for a donation receipt.

HSBC 004-502-301302-001 | Hang Seng Bank 024-280-402660-001 | Bank of China (HK) 012-875-0-024935-9 | Bank of East Asia 015-514-40-33666-1

**Autopay** For 'Medical Services Monthly Donation Scheme' monthly donation only. An Autopay (Direct Debit) Authorization Form will be sent by post and no handling fee will be charged.

## Donor's Information

Name of Donor: \_\_\_\_\_ Mr/Mrs/Ms/Miss\* Contact Person: \_\_\_\_\_ Mr/Mrs/Ms/Miss\* Title: \_\_\_\_\_

Tel No.: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Name on Receipt: \_\_\_\_\_ Mr/Mrs/Ms/Miss\* (if different from donor's name)

Name for Acknowledgement: \_\_\_\_\_ Mr/Mrs/Ms/Miss\* (if different from donor's name)

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. TWGHs may not be able to offer the aforesaid acknowledgements if the sponsorship reply form is received after the above mentioned deadline.
2. By adhering the freepost label at the left on envelope, no postage is required.
3. Donation of \$100 or above to TWGHs is tax deductible.
4. For details, please contact the Fund-raising Division of TWGHs at 1878 333 or 2859 7594.

For Official Use only		
Donation A/C name	FMSDS	Received on
Receipt no.	R	Receipt Issued on
Amount (HK\$)		Receipt / TYL sent on

東華三院簡便回郵10號GPO  
Tung Wah Group of Hospitals  
Freepost No.10 GPO

FMSDS