## Shun Shin Chee Kit Yin Koon proudly sponsors **TWGHs 150th Anniversary**





**Free Medical Services Donation Scheme 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 by Monday, 7 December 2020.

## I am/ We are pleased to support the captioned Scheme by:

 $\geq$ 

Signing up as Patron					(Please	e tick the relevant	box(es) or *delete v	where appropriate)
Patronage (Donation HK\$)	To be Named Plaque at Tung & Tung Wah Ea	Wah Hospital	To be invited to Charity Dinner Show	to be ack in So	logo/name nowledged ouvenir ramme	Complimentary Advertisement in Souvenir Programme	To receive souvenir in the Ceremony at Charity Dinner Show	Acknowledgement in Press Release and Annual Report
Permanent Honourable Patron (\$500,000)	Perma	anent	2 Tables (20 Sea	ts) 1 l	Page	2 Pages	Representative Name:	
Honourable Patron (\$300,000)	Named fo	or 5 years	2 Tables (20 Sea	ts) 1 F	Page	2 Pages		
Diamond Patron (\$120,000)	Named f	or 1 year	1 Table (10 Seats) 1 Page		1 Page	-	$\checkmark$	
Gold Patron (\$80,000)	Named for 1 year		1 Table (10 Seat	s) 1/2	Page	1 Page	Title:	
Silver Patron (\$50,000)	Named for 1 year		1 Table (10 Seat	s) 1/3	Page	1 Page		
Table Patron (\$38,000)	-	_	1 Table (10 Seat	s) List o	of Name	_		Annual Report Only
□ No acknowledgement on donation plaque / souvenir programme / event press release / annual report* is required								
<ul> <li>Advertisement in Souvening with 300dpi resolution)</li> <li>Please send the advertisement</li> </ul>								
General Donation Every \$6,00	00 donation wou	uld support 10	0 needy to rece	ive general	public outp	atient services for	free or to provide a	free bed for 50 days.
□ \$60,000 □ \$40,000 □ \$20,000 □ \$1				0,000	□ \$0	6,000	□ \$	
U Joining the 'Medical Services Monthly Donation Scheme' to make a monthly donation in support of the medical services of TWGHs								
Monthly Donation Amount □ \$1,000 □ \$800 □ \$500 □ \$300 □ \$								
Not able to support the Sche (Please provide donor's informa)			like to receiv	e informat	ion on TW	GHs fund-raisin	ig campaigns in fu	uture
Donation Method								
<ul> <li>By Cheque Cheque no.: [crossed cheque payable to "東華三院" or "Tung Wah Group of Hospitals"]</li> <li>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.]</li> </ul>								
VISA MASTERCARD Card No.:				Expiry Date:month/year				
Name of Cardholder:			Signatu	re of Cardho	lder:			_
<ul> <li>Via Banks Please send us the g</li> <li>HSBC 004-502-301302-001</li> <li>Bank of East Asia 015-514-40</li> <li>Citibank 006-391-085-55346</li> </ul>	-33666-1	ang Seng Bar ank of Comm tandard Char	k 024-280-4026 unications (Hon tered Bank 003	60-001 <b>g Kong Bra</b> -416-1-0001	<b>nch)</b> 027-53 71-8	<b>Bank o</b> 37-930-76188	f China (HK) 012-875	
Autopay For 'Medical Services handling fee will be charged.	Monthly Donatio	on Scheme m	ionthly donation	only. An Aut	opay (Direc	t Debitj Authorizat	ion Form will be sen	it by post and no
Donor Information								
Name of Donor / Company:								Mr./Mrs./Ms./Miss*
	Mr./Mrs./Miss * Title: Fax: Email:							
Address:								
Name for Acknowledgement:							Miss/Company/Group*(If di	fferent from donor's name)
(Your generous donations for HK10,0								
Donation Receipt	ame on Receipt I To save admin	: istrative cost, I	no donation rece	ipt is require	ed.	Mr./Mrs./	Ms./Miss/Company/Group*	(If different from donor's name
The Tung Wah Group of Hospitals ("TWGHs") shall co intends to use your personal data (name, address, tel not use your personal data for the above purposes un request TWGHs to stop using your personal data for t I object to the use of my personal data by TWGHs fi I have read, understood and accepted the statement r	ephone no., email and less you give your cons he above purposes at a or the above promotion	fax no.) for future consent. If you do not agr any time and at no ch al purposes.	rrespondences, fund-ra ree to the use of your pe arge by calling 1878 33	aising appeals, pro personal data for the during office hou	motional activitie above purposes	es, training courses, conduc	ting survey, or other related p	romotional purposes. TWGHs wi
Signature:				Da	te:			
		l	For Official	-	approximation make form is reasized often the show mentioned does			
東華三院簡便回郵10號G		Donation A/C name Receipt no.		Received on Receipt Issued on		Arrangement of the with the donation a	Arrangement of the dinner table and acknowledgements are in ac with the donation amount. 3. By adhering the freepost label at th	
Tung Wah Group of Hos <sub>l</sub> Freepost No.10 GPC		Amount (HK\$)		Receipt Issued on Receipt / TYL sent on	sent on deductible. 5. For details, please contact the Fu		e is required. 4. Donation of etails, please contact the Fun	\$100 or above to TWGHs is tax
			II	Cooper ric acit Ul			1878 333 or 2859 7597.	