

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

I am/ We are pleased to support the captioned Scheme 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 (HK\$)	Qty.	No.	Unit Cost (HK\$)	Qty.	No.	Unit Cost (HK\$)	Qty.	No.	Unit Cost (HK\$)	Qty.
A1	7,500		C16	8,000		C42	8,500		D26	65,000	
A2	60,000		C17	25,000		D1	65,000		D27	25,000	
A3	4,000		C18	10,300		D2	8,013		D28	4,799	
A4	60,000		C19	150,000		D3	25,000		D29	999	
A5	30,000		C20	3,799		D4	13,300		D30	65,000	
A6	20,000		C21	5,000		D5	9,800		D31	7,520	
B1	4,000		C22	7,000		D6	30,000		D32	73,000	
B2	60,000		C23	25,000		D7	150,000		D33	60,000	
B3	6,500		C24	60,000		D8	65,000		D34	59,500	
B4	7,000		C25	9,799		D9	9,799		D35	7,520	
B5	11,000		C26	56,000		D10	5,000		D36	43,000	
C1	788		C27	42,600		D11	1,000		D37	5,000	
C2	3,799		C28	318		D12	100,000		D38	2,500	
C3	1,000		C29	38,600		D13	300,000		D39	999	
C4	10,000		C30	70,000		D14	70,000		D40	59,500	
C5	3,799		C31	4,480		D15	7,398		D41	150,000	
C6	788		C32	788		D16	5,000		D42	10,000	
C7	3,000		C33	4,000		D17	6,399		D43	50,000	
C8	50,000		C34	65,000		D18	2,000		D44	30,000	
C9	6,500		C35	150,000		D19	20,000		D45	800	
C10	30,500		C36	5,980		D20	50,000		D46	60,000	
C11	30,500		C37	60,000		D21	59,500		Total Amount \$		
C12	3,130		C38	30,000		D22	9,500				
C13	65,000		C39	117,000		D23	60,000				
C14	3,799		C40	49,800		D24	8,013				
C15	30,000		C41	8,000		D25	65,000				

Acknowledgement Arrangement

Acknowledgement on Equipment

In Appreciation of _____ or In memory of _____

Acknowledgement is not required

Acknowledgement in TWGHs Website and Annual Report (for donation of \$10,000 or above)

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

Acknowledgement is not required

in support of the Educational Equipment Donation Scheme.

Donation of HK\$ _____

For donation of \$10,000 or above, acknowledgement will be arranged in 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./Miss/Ms./Mrs./Company/Group*
(If different from name of Donor)

To save administrative cost of TWGHs, donation receipt is not required.

Donor's Information

Name of Donor: _____ Mr./Miss/Ms./Mrs./Company/Group*

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

Tel. no.: _____ Fax: _____ Email: _____

Address: _____

TWGHs Fund-raising Division ("the Division") shall comply with the Personal Data (Privacy) Ordinance in handling and keeping your personal data. TWGHs will not sell your personal data to any third party. The Division intends to use your personal data (name and contact details) for handling your donation instruction, and promotional purposes including future correspondences, fund-raising appeals, promotional activities, corporate communications or conducting survey. The Division will not use your personal data for the above purposes unless we have received your consent. If you do not wish to receive these materials, please indicate by putting a tick in the box(es) below. You have the right to access, amend and request the Division to stop using your personal data for the above purposes at any time and at no charge by calling 1878 333 during office hours. a by TWGHs.

I do not wish to use Post Email Phone Fax to receive TWGHs promotional materials

Signature: _____ Date: _____

Remarks:

1. Donation of \$100 or above to TWGHs is tax deductible.
2. For enquiries, please contact the Fund-raising Division of TWGHs at 1878 333 or 2859 7477.

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