To: Tung Wah Group of Hospitals I/We would like to donate HK\$______ in support of your services and as a token of congratulation to <u>#Mr./Miss/Ms./everyone</u> elected as Board Member(s) (2023/2024) of your organization. (Please " \checkmark " the appropriate box(es) and "#" delete if inappropriate.) **(I) Donation Method** □ Payment by cheque Enclosed is a crossed cheque for HK\$_____(cheque no.:_____) payable to "Tung Wah Group of Hospitals". □ Payment by credit card Credit card donation can be sent to us by fax to 2559 6835. To avoid duplication, please do not post this form after faxing. Credit card no. □ VisaCard □ MasterCard Card valid until MM YY Cardholder's name Signature of cardholder Date **(II) Donor's Information** Donor name/Name for acknowledgment: <u>#Mr./Miss/Mrs./Ms./Company/Group</u>
 Name on receipt:
 #Mr./Miss/Mrs./Ms./Company/Group
 (Please complete if different from the above)
 Address: E-mail: _____ Date of birth: _____MM DD Contact person: Tel.: (Davtime) _____ Signature: _____ Date: Donor's message:
Please send me () copies of "Friends of Tung Wah" Monthly Donation Scheme Delease send me () copies of "BOC TWGHs Credit Card" Application Form For TWGHs use Note: Receipt 1. Donation of HK\$100 or more to Tung Wah is tax deductible. Received on issued on 2. If you would be so kind as to render your support, please cut out Receipt/TYL Receipt no. R and adhere the freepost label at the lower right corner to a blank sent on envelope and send the completed donation form and cheque to us Donation Amount IA by post. No postage is required. A/C name (HK\$) 0 /

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

Signature: _

Date:

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