



東華三院

Tung Wah Group of Hospitals

Please send completed form with donation by post to Fund-raising Division, Tung Wah Group of Hospitals, 12 Po Yan Street, Sheung Wan, or by adhering the freepost label on the bottom-right corner, no postage is required. Donation by credit card, PayMe or PPS can be submitted by email to donate@tungwah.org.hk or by fax to 2559 6835. For enquiries, please contact the Donation Hotline at 1878 333.

Donation Form

Please tick the relevant box(es)

Donor Information

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

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

Contact No. _____ Fax _____ Email _____ Birthday Month _____

Address _____

Donation Purpose

I am/ We are pleased to support the Tung Wah Group of Hospitals, of its

Various Services Medical & Health Services Education Services Community Services

Free Medical Services TWGHs Funeral Fund Other purpose, please state: _____

Donation Amount

HK\$100 HK\$500 HK\$1,000 HK\$3,000 HK\$5,000 HK\$10,000 HK\$ _____

Donation Method

Through Bank with original pay-in-slip attached
 Bank of China (HK) 012-875-0-024935-9
 Bank of Communications (Hong Kong Branch) 027-537-930-76188
 Bank of East Asia 015-514-40-33666-1
 Citibank 006-391-085-55346
 Hang Seng Bank 024-280-402660-001
 HSBC 004-502-301302-001
 Standard Chartered Bank 003-416-1-000171-8


By Cheque
 Crossed cheque payable to "Tung Wah Group of Hospitals"
 Bank _____ Cheque No. _____

By Credit Card
 To avoid duplication, please do **not** post this form if faxed or emailed
 VISA Mastercard
 Credit Card No. _____ - _____ - _____ - _____
 Name of Cardholder _____
 Expiry Date _____ MM / _____ YY
 Signature of Cardholder _____

PayMe with screen capture attached

Circle K with original receipt attached
 (Simply tell the cashier for making donation to Tung Wah)

7-Eleven with original receipt attached
 (Please present the following barcode to 7-Eleven cashier when making donation)

7-11 (HSBC)

 3879 9263 1870 08

PPS (Merchant Code: 9216)
 PPS by Internet with screen capture attached
 PPS by Phone
 Bill No.: _____ Date of Donation: _____
 (suggested as Contact No.)

Donation Receipt (Donation of HK\$100 or above to TWGHs is tax deductible)

Name on Receipt _____ Mr. Ms. Company
 (If different from the Name of Donor) Miss Mrs. Group

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

Acknowledgement in Annual Report

For cumulative donation of HK\$10,000 or above within the financial year, TWGHs will arrange acknowledgement in its annual report by the Name of Donor/ Company. If acknowledgement is not required, please indicate by putting a tick in the box.

"Friends of Tung Wah" Monthly Donation Scheme

Please send me _____ copy(ies) of "Friends of Tung Wah" Monthly Donation Scheme leaflet by post

Our Promise to Protect Your Personal Data

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.

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

Signature _____ Date _____

For Official Use Only					
Received on		Donation A/C Name		Amount (HK\$)	
Receipt Issued on		Receipt No.	R	Receipt/ TYL Sent on	

Tung Wah Group of Hospitals
Freepost No.10 GPO