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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./Ms./Miss/everyone</u> elected as Board Member(s) (2025/202					
your organization. (Please "✓" the appropriate box(es) and "#" delet	e if inappropr	riate.)		
(I) Donation Method □ Payment by cheque Enclosed is a crossed cheque for HK\$ payable to "Tung Wah Group of Hospital □ Payment by credit card Credit card donation can be sent to us by this form after faxing.	s".				
Credit card no		-	☐ VisaC	Card \square	MasterCard
Card valid until	MM		YY		
Cardholder's name					
Signature of cardholder			Date		
(II) Donor's Information Donor name/Name for acknowledgment: #Mr./Ms. Name on receipt: #Mr./Ms./Mrs./Miss/Company/Group			(Please comp		
Address: E-mail:					
					(D; .)
Contact person:					
		Signature: ends of Tung Wah" Monthly Donation Scheme			
Donor's message: Please send me () con Acknowledgement in Annual Report: For cumuly year, TWGHs will arrange acknowledgement If acknowledgement is not required, please indicated to the control of th	lative donati	on of HK\$ al report b	10,000 or abo by the Name	ove within	the financial
Note:			For TWO		Т
 Donation of HK\$100 or above to TWGHs is tax deduc If you would be so kind as to render your support, pl 	ease cut the	Received on		Receipt issued on Receipt/TYL	
freepost label at the lower right corner and adher envelope and send the completed donation form and c		Receipt no. Donation	R	sent on Amount	
by post. No postage is required.		A/C name	IA	(HK\$)	
TWGHs Fund-raising Division ("the Division") shall comply with the (Privacy) Ordinance in handling and keeping your personal data. To sell your personal data to any third party. The Division intend personal data (name and contact details) for handling your donation in promotional purposes including future correspondences, fund-rapromotional activities, corporate communications or conducting surver will not use your personal data for the above purposes unless we have consent. If you do not wish to receive these materials, please indicatick in the box(es) below. You have the right to access, amend a Division to stop using your personal data for the above purposes a at no charge by calling 1878 333 during office hours. I do not wish to use Post Email Phone Fax to repromotional materials	WGHs will not s to use your nstruction, and using appeals, y. The Division e received your te by putting a nd request the t any time and	簡東 Tung Wah Group of Hospitals 便華 回三野院 Freepost No. 10 GPO 10 IA- WEB		-	
Signature: Date:					