

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

Donor Informat	ion										Please tick til	e relevant box(es)	
Name of Donor/ Company										☐ Mr. ☐ Miss	☐ Ms. ☐ Mrs.	☐ Company☐ Group	
Contact Person					□ M		Ms. Mrs.	Title/ Rel		IVII33	□ IVII 3.	□ Gloup	
Contact No.	Fax	Fax			Email				Birthday Month				
Address													
Donation Purpo	150												
•	eased to support	t the Tung	Wah G	oup of Hosp	oitals, of its								
☐ Various Services ☐ Medical & Health Services ☐ Education Services										Comm	unity Service	es .	
☐ Free Medical	Services	□TW	☐ TWGHs Funeral Fund ☐ Other purpose, please state:										
Donation Amount													
☐ HK\$100	☐ HK\$500	□н	K\$1,000	□ нк\$	\$3,000	□нк	\$5,000	□н	K\$10,000	□н	(\$		
Donation Meth	od										<u>-</u>		
☐ Through I pay-in-slip	<u>nal</u> □	By Cheque Crossed cheque payable to "Tung Wah Group of Hospitals Bank Cheque No						itals"			vith screen attached		
☐ Bank o										Circle K	with original		
012-875-0-024935-9 ☐ Bank of Communications (Hong Kong Branch)		ns		dit Card id duplicatio	n, please do	o <u>not</u> p	ost this	form if fax	xed or ema	ailed	receipt a (Simply tell	receipt attached (Simply tell the cashier for making donation to Tung Wah)	
027-53		Credit	Card No.	-		_		-		7-Elever	with original		
☐ Bank o		Name	of							receipt a	ttached sent the following		
015-51		Cardho								barcode to	7-Eleven cashier		
☐ Hang S 024-28		Expiry	Date			MM /		YY		when maki 7-11(HSBC)	ng donation)		
☐ HSBC 004-502-301302-001 ☐ Standard Chartered Banl 003-416-1-000171-8				Signature of Cardholder									
		nk 🗆	□ PPS (Merchant Code: 9216) □ PPS by Internet with screen capture attached □ PPS by Phone Bill No.: Date of Donation:							3879	9263 1870 08		
(suggested as Contact No.) Donation Receipt (Donation of HK\$100 or above to TWGHs is tax deductible)													
☐ Name on Rec		,					ifferent fro	om the Name	e of Donor)	☐ Mr. ☐ Miss	☐ Ms. ☐ Mrs.	☐ Company ☐ Group	
☐ To save the administrative cost of TWGHs, donation receipt is not required													
Acknowledgem	ent in Annual Re	eport											
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. \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 TWGHs Fund-rai TWGHs will not your donation in communications If you do not wis the Division to st I do not wish to	sing Division ("the sell your personant struction, and particular or conducting so the to receive thes sop using your pe	ne Divisior al data to promotion urvey. The e materia	any thire all purpose Division ls, please ta for the	d party. The oses including will not use indicate by a above purp	Division int g future co your perso putting a ti	ends to rrespo onal da ck in th	o use you ndences ta for the e box(es and at no	ur persona , fund-rais e above p s) below. Yo o charge b	al data (na sing appea urposes ui ou have th y calling 18	als, prom nless we line right to 878 333 c	contact deta otional active have received access, ame	ils) for handling vities, corporate d your consent. end and request	
Signature Date													
	For Official Use Only Donation Amount Tung Wah Group of Hospitals												
Received on	elved on A				(HK\$)		1			_	Wah Group of Hospitals Freepost No.10 GPO		
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Sent on

Receipt No.

Issued on