



免費醫療服務捐助計劃捐助表格
TWGHs Free Medical Donation Scheme Donation Form

如蒙支持善舉，請於2026年8月21日(星期五)前將填妥的捐助表格及捐款寄交上環普仁街12號東華三院籌募科或電郵至frdfu3@tungwah.org.hk。
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 email to frdfu3@tungwah.org.hk on or before Friday, 21 August 2026.

本人/機構樂意支持是次活動，並擬

I am/We are pleased to support the captioned scheme by

出任大會贊助人 Signing up as Patron (請在適當方格內填上「✓」號或*刪去不適用者)
(Please tick the relevant box(es) or *delete where appropriate)

贊助人(捐款額) Patronage (Donation HK\$)	於東華醫院及東華東院之善長金務銘誌芳名 To be Named on Donation Plate at Tung Wah Hospital & Tung Wah Eastern Hospital	獲邀出席慈善晚會 To be invited to Charity Dinner Show	場刊刊登公司徽號/芳名* Company logo/name to be acknowledged in Souvenir Programme*	獲致送場刊廣告 Complimentary Advertisement in Souvenir Programme	於晚會儀式上獲致送紀念品 To receive souvenir in the Ceremony at Charity Dinner Show	活動新聞稿及年刊鳴謝 Acknowledgement in Press Release and Annual Report
<input type="checkbox"/> 永久榮譽贊助人 Permanent Honourable Patron (HK\$500,000)	永久題名 Permanent	2席 Tables 20位 Seats	1/2頁 1/2page	2頁 Pages	代表姓名： Representative Name：	✓
<input type="checkbox"/> 榮譽贊助人 Honourable Patron (HK\$300,000)	題名5年 Named for 5 years	2席 Tables 20位 Seats	1/2頁 1/2page	2頁 Pages	職銜： Title：	
<input type="checkbox"/> 鑽石贊助人 Diamond Patron (HK\$120,000)	題名1年 Named for 1 year	1席 Table 10位 Seats	1/3頁 1/3page	1頁 Page		
<input type="checkbox"/> 金贊助人 Gold Patron (HK\$80,000)	題名1年 Named for 1 year	1席 Table 10位 Seats	1/4頁 1/4page	1頁 Page		
<input type="checkbox"/> 銀贊助人 Silver Patron (HK\$50,000)	題名1年 Named for 1 year	1席 Table 10位 Seats	1/5頁 1/5page	1頁 Page		
<input type="checkbox"/> 餐席贊助人 Table Patron (HK\$38,000)	—	1席 Table 10位 Seats	公司名稱/芳名 Company name/ List of Name	—	—	年刊鳴謝 Annual Report Only

* 餐席位置與鳴謝排序，將按贊助金額編排 Arrangement of the dinner table and acknowledgements are in accordance with the donation amount.

由於各項印刷品安排需時，如本院於所註明限期後方收到善長回覆擔任節目贊助，請恕或未能安排相關鳴謝
TWGHs may not be able to offer the aforesaid acknowledgements if the sponsorship is received after the deadline

無須於善長金榜/場刊/活動新聞稿/年刊/刊登是項贊助鳴謝
No acknowledgement on donation plate / souvenir programme / event press release / annual report* is required

場刊廣告 Advertisement in Souvenir Programme

(捐款HK\$10,000可獲刊登一頁全頁彩色廣告；尺寸：260mm(H) x 180mm(W); 5mm出血位; 解像度須為300dpi或以上)
(Donation of HK\$10,000 for one full page color advertisement; Size: 260mm(H) x 180mm(W), 5mm bleeding, with 300dpi resolution)

自備稿件 (請將ai或pdf格式之廣告檔電郵至frdfu3@tungwah.org.hk) Please send the advertisement in ai/pdf format to frdfu3@tungwah.org.hk

請刊登 Please state: With the Compliments of _____ 致意

惠捐善款 General Donation

本人/機構樂捐善款 _____ HK\$ _____ 元正，為東華三院免費醫療服務籌募經費。
I/We would like to donate _____ HK\$ _____ to raise funds for TWGHs' provision of free medical services.

成為「杏林之友」每月定額捐款以支持東華三院醫療服務

Join the 'Medical Services Monthly Donation Scheme' to make a monthly donation in support of the medical services of TWGHs

每月捐款金額 Monthly Donation Amount HK\$1,000 HK\$800 HK\$500 HK\$ _____

捐款方法 Donation Method

支票 By Cheque 劃線支票抬頭請填寫「東華三院」 Please mark your crossed cheque payable to "Tung Wah Group of Hospitals"

銀行 Bank: _____ 支票號碼 Cheque No.: _____

信用卡 By Credit Card

(適用於是次活動捐款及「杏林之友」每月定額捐款；信用卡捐款可傳真至2559 6835，傳真後無須再寄交此表格，以免重複扣除捐款。)
(For general donation of the event and 'Medical Services Monthly Donation Scheme'; 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 萬事達卡 MasterCard

信用卡號碼 Credit Card no.: _____ 有效日期 Expiry Date: _____ 月 MM/ _____ 年 YY

持卡人姓名 Name of Cardholder: _____ 持卡人簽署 Signature of Cardholder: _____

銀行 Via Banks 請將存款收據正本連同此表格寄回本院，以便發出捐款收據。
Please send us the original pay-in-slip together with this form to TWGHs by post for a donation receipt.

中國銀行(香港) Bank of China (HK) 012-875-0-024935-9	交通銀行(香港) Bank of Communications (Hong Kong) 382-537-930-76188	東亞銀行 Bank of East Asia 015-514-40-33666-1
恒生銀行 Hang Seng Bank 024-280-40260-001	滙豐銀行 HSBC 004-502-301302-001	渣打銀行 Standard Chartered Bank 003-416-1-000171-8

自動轉帳 Autopay

(只適用於「杏林之友」每月定額捐款) 自動轉帳授權書將於稍後寄予閣下，無須手續費。
For 'Medical Services Monthly Donation Scheme' monthly donation only. An Autopay (Direct Debit) Authorization Form will be sent by post and no handling fee will be charged.

善長資料 Donor Information

善長芳名 Name of Donor: _____ 先生/太太/女士/小姐/公司/團體*
Mr./Mrs./Ms./Miss/Company/Group*

聯絡人 Contact person: _____ 先生/太太/女士/小姐*
Mr./Mrs./Ms./Miss*

聯絡電話 Tel. no.: _____ 電郵 E-mail: _____

地址 Address: _____

場刊/金榜鳴謝稱謂 Name for Acknowledgement: _____ 先生/太太/女士/小姐/公司/團體*
Mr./Mrs./Ms./Miss/Company/Group*

(如與善長芳名不同 If different from donor's name)

無須安排鳴謝 No acknowledgement is required.

捐款收據 Donation Receipt

請提供捐款收據註1 Please provide donation receipt Remark 1

收據芳名 Name on Receipt: _____ 先生/太太/女士/小姐/公司/團體*
Mr./Mrs./Ms./Miss/Company/Group*

(如與善長芳名不同 If different from donor's name)

為幫助東華三院節省行政開支，無須安排捐款收據。 To save the administrative cost of TWGHs, donation receipt is not required.

年報鳴謝 Acknowledgement in Annual Report

凡年度累積捐款HK\$10,000或以上，本院將於年報刊印善長/機構芳名，以茲鳴謝。如善長無須安排鳴謝，請在方格加上「✓」號。
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.

個人資料保障承諾 Our Promise to Protect Your Personal Data

東華三院籌募科(「本科」)遵循《個人資料(私隱)條例》的規定處理及儲存您的個人資料，絕不會向第三方出售您的個人資料。本科擬使用您的個人資料(姓名及聯絡方式)以處理您的捐款指示，並用作日後聯絡、籌募呼籲、宣傳活動、機構通訊或收集意見等推廣用途。未經您的同意，本科不會將您的個人資料用於上述用途。如您不願意接收以上資訊，請在以下空格內加上「✓」號。您有權隨時向本科查詢、更改或要求停止使用您的個人資料。費用全免，請於辦公時間致電1878 333。
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.

本人不願意透過 I do not wish to use 郵寄 Post 電郵 Email 電話 Phone 傳真 Fax 接收東華三院之推廣資訊 to receive TWGHs promotional materials

簽署 Signature: _____ 日期 Date: _____

附註 Remarks:

1. 捐助東華三院滿HK\$100的善款可申請免稅。
Donation of HK\$100 or above to TWGHs is tax deductible.
2. 如將右方「簡便回郵」標籤剪下及貼在空白信封上投寄，則無須貼上郵票。
By adhering the freepost label at the right on envelope, no postage is required.
3. 如有查詢，請致電1878 333或2859 7594予本院籌募科。
For details, please contact the Fund-raising Division of TWGHs at 1878 333 or 2859 7594.

東華三院專用 For TWGHs use		<input type="checkbox"/> No Address Label
Donation A/C name	FMSDS	Received on
Receipt no.	R	Receipt issued on
Amount (HK\$)		Receipt/TYL sent on

東華三院簡便回郵10號GPO
Tung Wah Group of Hospitals
Freepost No.10 GPO

FRD_FMSDS