

Inauguration of the Board of Directors (2018/2019)
Donation Form

WEB

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 #Mr./Miss/Ms./everyone _____ elected as Board Member(s) (2018/2019) of your organization. (Please "✓" 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. - - -	<input type="checkbox"/> VisaCard	<input type="checkbox"/> MasterCard
Card valid until	MM	YY
Cardholder's name		
Signature of cardholder		Date

(II) Donor's Information

Donor name/Name for acknowledgment: #Mr./Miss/Mrs./Ms./Company/Group _____

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.: _____ (Daytime)

Date: _____ Signature: _____

Donor's message: (1) Please send me () copies of "Friends of Tung Wah" Monthly Donation Scheme

(2) Please send me () copies of "BOC TWGHs Credit Card" Application Form

(3) _____

Note:

1. Donation of HK\$100 or more to Tung Wah is tax deductible.
2. If you would be so kind as to render your support, please cut out and adhere the freepost label at the lower right corner to a blank envelope and send the completed donation form and cheque to us by post. No postage is required.

For TWGHs use			
Received on		Receipt issued on	
Receipt no.	R	Receipt/TYL sent on	
Donation A/C name	IA	Amount (HK\$)	

The Tung Wah Group of Hospitals ("TWGHs") shall comply with the Personal Data (Privacy) Ordinance in handling and keeping your personal data. TWGHs will not sell and/or provide your personal data to any third party. TWGHs intends to use your personal data (name, address, telephone no., email and fax no.) for future correspondences, fund-raising appeals, promotional activities, training courses, conducting survey, or other related promotional purposes. TWGHs will not use your personal data for the above purposes unless you give your consent. If you do not agree to the use of your personal data for the above purposes, please indicate by putting a tick in the box below. You have the right to access, correct and request TWGHs 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 object to the use of my personal data by TWGHs for the above promotional purposes.

I have read, understood and accepted the statement regarding the collection, use and provision of personal data by TWGHs.

Signature: _____ Date: _____

東華三院
簡便回郵
10號GPO

Tung Wah Group of Hospitals

Freepost No. 10 GPO

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