

Educational Equipment Donation Scheme Donation Form

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 fax to 2559 6835. (Please tick ✓ the relevant box(es) or *delete wherever inappropriate)

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

Donation in support of the procurement of the following equipment

(Should the selected equipment has been chosen by other donor(s), our staff will contact you and propose available equipment-in-need for your consideration.)

No.	Unit Cost (HK\$)	Qty.	No.	Unit Cost (HK\$)	Qty.	No.	Unit Cost (HK\$)	Qty.
A1	10,000		C19	65,000		D8	59,500	
A2	5,000		C20	150,000		D9	60,000	
A3	8,000		C21	30,000		D10	59,500	
A4	25,000		C22	60,000		D11	9,500	
A5	25,000		C23	9,799		D12	59,500	
B1	10,300		C24	65,000		D13	9,500	
B2	13,300		C25	56,000		D14	60,000	
B3	5,980		C26	25,000		D15	65,000	
B4	29,300		C27	65,000		D16	117,000	
B5	44,600		C28	4,000		D17	59,500	
C1	788		C29	5,000		D18	60,000	
C2	25,000		C30	1,000		D19	300,000	
C3	4,000		C31	65,000		D20	59,500	
C4	60,000		C32	42,600		D21	7,520	
C5	25,000		C33	318		D22	43,000	
C6	65,000		C34	30,000		D23	59,500	
C7	30,500		C35	60,000		D24	7,520	
C8	3,130		C36	9,800		D25	43,000	
C9	65,000		C37	5,780		D26	7,520	
C10	4,000		C38	38,600		D27	59,500	
C11	4,400		C39	15,000		D28	43,000	
C12	30,000		D1	65,000		D29	6,399	
C13	7,800		D2	8,013		D30	2,000	
C14	150,000		D3	73,000		D31	660,000	
C15	60,000		D4	4,899				
C16	30,000		D5	73,000				
C17	65,000		D6	4,899				
C18	60,000		D7	600,000				
							Total Amount	
							\$	

Acknowledgement Arrangement

Acknowledgement on Equipment

In Appreciation of _____ or In memory of _____

Acknowledgement is not required

Acknowledgement in TWGHs Website and Annual Report (for donation of \$10,000 or above)

Name for Acknowledgement: _____ (If different from the name of Donor)

Acknowledgement is not required

Donation of HK\$ _____ in support of the Educational Equipment Donation Scheme.

For donation of \$10,000 or above, acknowledgement will be arranged in TWGHs Website and Annual Report.

Name for Acknowledgement: _____ (If different from the name of Donor)

Acknowledgement is not required

Donation Method

By Cheque (Please mark your crossed cheque payable to "Tung Wah Group of Hospitals")

Bank: _____ Cheque No: _____

By Credit Card (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 MASTERCARD

Card No: _____ - _____ - _____ - _____ Expiry Date: _____M/____Y

Name of Cardholder: _____ Signature of Cardholder: _____

Online Donation (for General Donation only)

Please visit our website (www.tungwah.org.hk) for online donation via credit card, Paypal or Octopus. Donation receipt will be arranged according to the submitted information and need not post this form as to avoid duplication.

Donation Receipt

Please issue donation receipt

Name on Receipt: _____ Mr./Miss/Ms./Mrs./Company/Group*
(If different from name of Donor)

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

Donor's Information

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

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

Tel. no.: _____ Fax: _____ Email: _____

Address: _____

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: _____

Remarks:

1. Donation of \$100 or above to TWGHs is tax deductible.
2. For enquiries, please contact the Fund-raising Division of TWGHs at 1878 333 or 2859 7477.

For Official Use only			I
Donation A/C name	EEDS	Received on	
Receipt no.	R	Receipt issued on	
Amount (HK\$)		Receipt/ TYL sent on	