

# 2022/2023 Medical 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.

I am/We are pleased to support the captioned Scheme to help the patients in need by, (Please tick '✓' the relevant box(es) or \*delete wherever inappropriate)

Donation in support of the procurement of the following equipment (For Hospitals)<sup>Δ</sup>

No.	Cost per unit (HK\$)	Qty.	No.	Cost per unit (HK\$)	Qty.	No.	Cost per unit (HK\$)	Qty.	No.	Cost per unit (HK\$)	Qty.	No.	Cost per unit (HK\$)	Qty.	No.	Cost per unit (HK\$)	Qty.	No.	Cost per unit (HK\$)	Qty.			
MA-1	331,000		MA-8	104,200		MB-3	126,070		MB-10	54,200		MB-17	25,300		MC-3	68,100		MD-2	125,720		ME-3	40,300	
MA-2	328,760		MA-9	100,000		MB-4	67,342		MB-11	49,000		MB-18	23,000		MC-4	50,000		MD-3	49,500		ME-4	34,500	
MA-3	320,000		MA-10	55,000		MB-5	65,800		MB-12	49,000		MB-19	22,980		MC-5	36,000		MD-4	27,600		Total Amount:		
MA-4	220,176		MA-11	34,980		MB-6	64,880		MB-13	42,500		MB-20	21,180		MC-6	35,000		MD-5	22,200				
MA-5	204,550		MA-12	29,800		MB-7	60,000		MB-14	39,800		MB-21	20,000		MC-7	30,753		MD-6	21,570		HK\$ _____		
MA-6	200,800		MB-1	178,000		MB-8	58,660		MB-15	39,620		MC-1	115,200		MC-8	28,000		ME-1	129,300				
MA-7	199,000		MB-2	133,350		MB-9	55,300		MB-16	39,000		MC-2	73,290		MD-1	190,000		ME-2	111,180				

Donation in support of the procurement of the following equipment (For Community Services)<sup>Δ</sup>

No.	Cost per unit (HK\$)	Qty.	No.	Cost per unit (HK\$)	Qty.	No.	Cost per unit (HK\$)	Qty.	No.	Cost per unit (HK\$)	Qty.	No.	Cost per unit (HK\$)	Qty.	No.	Cost per unit (HK\$)	Qty.	No.	Cost per unit (HK\$)	Qty.			
CA-1	238,400		CA-15	16,800		CB-1	398,000		CB-15	45,400		CB-29	26,380		CB-43	18,600		CB-57	6,800		CB-71	3,675	
CA-2	187,500		CA-16	16,500		CB-2	110,000		CB-16	45,000		CB-30	26,000		CB-44	18,000		CB-58	6,500		CB-72	3,600	
CA-3	99,900		CA-17	15,000		CB-3	99,900		CB-17	45,000		CB-31	25,920		CB-45	17,000		CB-59	6,500		CB-73	3,230	
CA-4	79,800		CA-18	10,920		CB-4	96,000		CB-18	43,000		CB-32	24,000		CB-46	15,000		CB-60	6,500		CB-74	2,730	
CA-5	70,800		CA-19	8,000		CB-5	85,000		CB-19	42,000		CB-33	23,000		CB-47	14,700		CB-61	5,830		CB-75	2,600	
CA-6	49,110		CA-20	7,600		CB-6	81,000		CB-20	41,790		CB-34	22,900		CB-48	14,490		CB-62	5,800		CB-76	2,300	
CA-7	45,400		CA-21	5,200		CB-7	80,000		CB-21	40,000		CB-35	22,000		CB-49	13,015		CB-63	5,080		CB-77	2,150	
CA-8	37,580		CA-22	4,000		CB-8	80,000		CB-22	37,800		CB-36	22,000		CB-50	12,500		CB-64	5,000		CB-78	2,020	
CA-9	36,800		CA-23	3,998		CB-9	72,000		CB-23	35,000		CB-37	20,000		CB-51	11,000		CB-65	4,980		CC-1	24,000	
CA-10	32,000		CA-24	3,990		CB-10	65,000		CB-24	34,000		CB-38	19,950		CB-52	11,000		CB-66	4,900		Total Amount:		
CA-11	26,730		CA-25	3,850		CB-11	50,000		CB-25	33,100		CB-39	19,800		CB-53	11,000		CB-67	4,500				
CA-12	25,000		CA-26	3,600		CB-12	49,800		CB-26	31,428		CB-40	19,800		CB-54	10,500		CB-68	4,120		HK\$ _____		
CA-13	23,000		CA-27	3,200		CB-13	48,880		CB-27	31,200		CB-41	19,800		CB-55	9,000		CB-69	3,998				
CA-14	18,000		CA-28	2,380		CB-14	46,000		CB-28	28,000		CB-42	19,000		CB-56	9,000		CB-70	3,850				

<sup>Δ</sup>Should be the selected equipment been pledged by other donor(s), our staff will contact you and propose available in-need for your consideration.

## Acknowledgement Arrangement

Acknowledgement on Equipment

Thanks to \_\_\_\_\_ or \_\_\_\_\_ In memory of \_\_\_\_\_

Acknowledgement is not required

Acknowledgement in TWGHs Website and Annual Report (Annual Report acknowledgement is only available for equipment of HK\$10,000 or above)<sup>Δ</sup>

Name for Acknowledgement: \_\_\_\_\_ (If different from the Name of Donor)

Acknowledgement is not required

Donation of HK\$ \_\_\_\_\_ in support of the Medical Equipment Donation Scheme (for Hospitals)

Donation of HK\$ \_\_\_\_\_ in support of the Medical Equipment Donation Scheme (for Community Services)

For donation of \$10,000 or above, acknowledgement will be arranged in TWGHs Annual Report<sup>Δ</sup>

Name for Acknowledgement: \_\_\_\_\_ (If different from the Name of Donor)

Acknowledgement is not required

<sup>Δ</sup> TWGHs may not be able to offer the aforesaid acknowledgement in Annual Report if the donation form is received after 7/1/2023.

### Donation Method

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

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.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ 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./Mrs./Ms./Miss/Company/Group)\*

(If different from Name of Donor)

To save administrative cost, donation receipt is not required

### Donor's Information

Name of Donor: \_\_\_\_\_

Mr./Mrs./Ms./Miss/Company/Group\*

Contact Person: \_\_\_\_\_ Mr./Mrs./Ms./Miss\*

Title: \_\_\_\_\_ Tel No.: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Please provide \_\_\_\_\_ copy(ies) of "Friends of Tung Wah" Monthly Donation Scheme leaflet by post.

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.

I do not wish to use \_\_\_\_\_ Post \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax to receive TWGHs promotional materials  
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 details, please contact the Fund-raising Division of TWGHs at 1878 333.

For Official Use only			
Donation A/C No.	Received on	Receipt no.	Receipt issued on
		R	
Amount (HKD)		Receipt/ TYL sent	on



List of Medical Equipment still available