

**Donation in lieu of floral gifts for the  
Inauguration of the Board of Directors 2014/2015  
Donation Form**

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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./Ms./Mrs./everyone \_\_\_\_\_ elected as Board Member(s) (2014/2015) of your organization. (Please "✓" the appropriate box(es) and "#" delete if inappropriate.)

**Donation Method**

**Payment by cheque (by mail; please refer to note 2)**

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"/>
Card valid until			MM	YY
Cardholder's name				
Signature of cardholder			Date	

**Donor's Information**

Donor name: #Mr. /Ms./Mrs. \_\_\_\_\_

Name on receipt: #Mr./Ms./Mrs. \_\_\_\_\_ (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) \_\_\_\_\_

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- Note:**
1. Donation of HK\$100 or more to Tung Wah is tax deductible.
  2. Please send it with this donation form to Fund-raising Division, 3/F, 12 Po Yan Street, Sheung Wan, Hong Kong.

TWGHs intends to use your personal data in future (name, telephone no., fax no., email and mailing addresses) for the purposes of providing you with information of TWGHs, fund-raising appeal, activities invitation as well as for feedback collection and related promotion purposes.

Should you find such uses if your personal data not acceptable, please indicate your objection before signing by ticking the box below. **If no indication stated, we will deem that you agree on our usage of your personal data for the above promotion purposes.**

I object to TWGHs to use my personal data for the above promotion purposes.

I have read, understood and accepted the statement regarding the collection, use and provision of personal data by Tung Wah Group of Hospitals.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_