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東華三院  
Tung Wah Group of Hospitals



# 愛心滿東華

善在必行 醫心傳愛  
Keeping Benevolence Alive  
Healing with Love

## TWGHs Free Medical Services 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 by Friday, 14 August 2015.

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

(Please tick the relevant box(es) or \*delete where inappropriate)

Signing up as Patron

Patronage	Donation HK\$	To be Named on Donation Plaque at Tung Wah Hospital and Tung Wah Eastern Hospital	To be invited to Charity Dinner Show	Company logo / name to be acknowledged in Souvenir Programme	Complimentary Advertisement in Souvenir Programme	To receive souvenir in the Ceremony at Charity Dinner Show	Acknowledgement in Press Release and Annual Report
<input type="checkbox"/> Permanent Honourable Patron	\$500,000	Permanent	2 Tables (20 Seats)	✓	2 Pages	✓	✓
<input type="checkbox"/> Honourable Patron	\$300,000	Named for 5 years	1 Table (10 Seats)	✓	2 Pages	✓	✓
<input type="checkbox"/> Diamond Patron	\$100,000	Named for 1 year	1 Table (10 Seats)	✓	1 Page	✓	✓
<input type="checkbox"/> Gold Patron	\$68,000	Named for 1 year	1 Table (10 Seats)	✓	1 Page	✓	✓
<input type="checkbox"/> Silver Patron	\$38,000	Named for 1 year	1 Table (10 Seats)	✓	1 Page	✓	✓
<input type="checkbox"/> I / We agree to be acknowledged on donation plaque / in souvenir programme / event press release / annual report*							

Donating \$ \_\_\_\_\_ to support, please reserve \_\_\_\_\_ table(s)

(Donation of \$28,000 entitles a table for 10 at the Charity Dinner Show)

Please acknowledge the donation by my name/ name of company\* in souvenir programme/ annual report\*

Advertisement in Souvenir Programme (Donation of \$10,000 for 1 full page colour advertisement; Size: 26cm(H) x 18cm(W))

Please send the advertisement in jpg or pdf format to frdfu3@tungwah.org.hk  Please state: With the compliments of \_\_\_\_\_

General Donation

Every \$4,500 donation would support 100 needy to receive general public outpatient services for free or to provide a free bed for 45 days.

\$45,000  \$36,000  \$18,000  \$9,000  \$4,500  \$ \_\_\_\_\_

### Donation Method

Donation by Cheque Bank : \_\_\_\_\_ Cheque no. : \_\_\_\_\_ (Please mark your crossed cheque payable to "Tung Wah Group of Hospitals")

Credit Card (Credit card donation can be made by faxing this form to 2559 6835. To avoid duplication, please do not post this form if faxed.)

VISA Card No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiry Date: \_\_\_\_\_ month/ \_\_\_\_\_ year

MASTERCARD Name of Cardholder: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_

Donation through Banks (Please send us the original pay-in-slip together with this completed form by post for a donation receipt.)

HSBC Hang Seng Bank Bank of East Asia Bank of China (HK)  
004-502-301302-001 024-280-402660-001 015-514-40-33666-1 012-875-0-024935-9

### Donor's Information

Name of Donor: \_\_\_\_\_ Mr / Ms\* Contact Person: \_\_\_\_\_ Mr / Ms\* Title: \_\_\_\_\_

Tel No.: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name on Receipt: \_\_\_\_\_ Name for Acknowledgement: \_\_\_\_\_

Mr / Ms\*(If different from donor's name)

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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:

- By adhering the freepost label at the left on envelope, no postage is required.
- Donation of \$100 or above to TWGHs is tax deductible.
- For details, please contact the Fund-raising Division of TWGHs at 1878 333 or 2859 7417.

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

Tung Wah Group of Hospitals  
Freepost No. 10 GPO

FMSDS