WEB

Inauguration of the Board of Directors (2024/2025)
Donation Form

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) (2024/2025) 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.	-	-	-	❒ VisaCard	❒ 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: ☐Please send me (_____) copies of "Friends of Tung Wah" Monthly Donation Scheme

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

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$)	

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

Signature: _____ Date: _____

東華三院
簡便回郵
10號GPO

Tung Wah Group of Hospitals

Freepost No. 10 GPO

IA-WEB