

To: Hospital Chief Executive  
Kwai Chung Hospital  
致: 葵涌醫院行政總監

Official use

Ref: \_\_\_\_\_

Donation to Kwai Chung Hospital  
致葵涌醫院捐款/獻

**Part A:** To be completed by Donor

**A部:** 由捐款人/機構填寫

I/We want to support Kwai Chung Hospital by making a donation to \_\_\_\_\_ (Department)  
(optional)

本人/機構樂意捐助葵涌醫院之 \_\_\_\_\_ [部門]  
(可以不填)

HK\$ \_\_\_\_\_ (Cash)  
港幣 \_\_\_\_\_ 元(現金)

A cheque no. \_\_\_\_\_ of HK\$ \_\_\_\_\_ is enclosed.  
附上支票乙張, 號碼 \_\_\_\_\_ 港幣 \_\_\_\_\_ 元

(Please make crossed cheque payable to the "Hospital Authority-Kwai Chung Hospital")  
(劃線支票抬頭請寫 "醫院管理局-葵涌醫院")

Others 其他 \_\_\_\_\_

to support the following services 以支持以下有關活動

- patient services/activities 病人服務/活動
- purchase equipment/set up facilities 購買器材/新增設施
- educational activities/publicity 教育性活動/宣傳推廣
- staff training and development 職員培訓及發展

Details of Donor 捐款人/機構資料

<input type="checkbox"/> Individual Donation 個人捐款	<input type="checkbox"/> Corporate Donation 機構捐款	
Full Name in English (in BLOCK LETTERS): _____ 英文姓名		
Name in Chinese: _____ (Mr/Mrs/Miss/Others): _____ 中文姓名 先生/女士/小姐/其他		
Address: _____ 地址		
Tel: _____ 電話	Fax no: _____ 傳真	Date: _____ 日期

Note備註: 1. Please tick as appropriate. 請在適當方格內填☐號

2.  KCH may acknowledge receipt of donations on its publications.

Donors who would not like to disclose their identity, please check the box.

葵涌醫院會將捐款人姓名/機構刊登在醫院的刊物內以作鳴謝之用途。  
如捐款者不願透露曾捐助葵涌醫院, 請在方格內作 "✓" 號。

Ref: \_\_\_\_\_

**Part B: To be completed by Head of Department  
(for donation designated to specified Department)**

1. The acceptance of donation \*is / is not supported.
2. Guidelines on Acceptance of Donation and Sponsorship in HAHO HR Circular No.2/98 and Acceptance of Advantages, Entertainment and Sponsorship in HAHO HR Circular No.6/2008 are observed.
3. \*There is no recurrent implication on the acceptance. / The recurrent cost is minimal and will be adsorbed in my departmental budget. / The annual recurrent cost on accepting the donation is estimated at HK\$\_\_\_\_\_ and funding from the Hospital is requested.
4. \*I declare that there is no conflict of interest. / The donor has commercial dealing with the hospital, I and/or my staff will be delinked from the decision-making in the procurement process for a period of 6 months.

Signature: \_\_\_\_\_

Tel: \_\_\_\_\_

Name & Post: \_\_\_\_\_

Date: \_\_\_\_\_

**Part C: To be completed by Administrative Services Department**

Acceptance of donation is recommended.

Acceptance of donation is not recommended.

Reason : \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Tel: \_\_\_\_\_

Name & Post: \_\_\_\_\_

Date: \_\_\_\_\_

**Part D: To be completed by Hospital Chief Executive / Cluster Chief Executive**

Approval is given (approval reference: ( ) in KCH/CR/6/2 \_\_\_\_\_) on the understanding that

there is no recurrent cost.

the recurrent cost is minimal and is to be absorbed within departmental budget.

additional annual recurrent cost# of HK\$\_\_\_\_\_ will be absorbed by hospital.

Approval is not given.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

\* please delete where inappropriate

# not exceeding HK\$500,000