



**Hospital Authority
Hong Kong East Cluster
Donation Form**

Donation Form I

Ref no. _____

**To : Hospital Chief Executive
Tung Wah Eastern Hospital (TWEH)
No. 19 Eastern Hospital Road, Causeway Bay, Hong Kong**

(Please "✓" as appropriate)

1. Please accept my donation to:

Hospital Department: (please specify) _____

2. For the following purpose:

Medical Equipment Medical Supplies
 Staff Training & Development Service Improvement
 Others (e.g. Patient Support & Welfare / Medical Drug / Others _____)

3. Amount: HK\$ _____

Cash
 Cheque Number: _____ (Bank: _____)

(Payable to "Hospital Authority – Tung Wah Eastern Hospital" for amount below HK\$100,000;
payable to "Tung Wah Group of Hospitals" (TWGHs) for amount equal to or over HK\$100,000)

Donation in kind: (please specify) _____ Estimated value in HK\$: _____

Donor Particulars:

Individual Donor Corporate Donor

Name of Individual or Organization: _____ Tel: _____

Postal Address: _____

Donation receipt will be issued for donation of HK\$100 or above which is tax-deductible. The donation receipt will be issued to the name of individual or organization provided above unless otherwise specified.

TWEH, Hospital Authority (HA) or TWGHs may acknowledge donations on the website or other means. If you do not agree, please indicate below.

I **do not agree** to have my donation/donation of the organization acknowledged by TWEH, HA or TWGHs.

Personal Information Collection Statement

Your personal data collected in this form will be kept strictly confidential and made available only to TWEH, HA and TWGHs (see remarks) to use for purposes relating to donation matters and for issuing receipts.

Under the Personal Data (Privacy) Ordinance, TWEH, HA and TWGHs need to obtain your consent before TWEH, HA and TWGHs can use your personal data (i.e. your name and contact data) for solicitation of donations for charitable purposes to TWEH, HA and TWGHs. TWEH, HA and TWGHs will not so use your personal data unless your consent is received.

Use of Personal Data for Solicitation of Donations

You may agree to the use of your personal data for solicitation of donation by any of the entities (see remarks) you chosen below. Please tick as appropriate and sign in the space below. If you do not agree to such use by any of the entities below, then your signature is not required:

HA/TWEH
 TWGHs/TWEH

You have rights of access and correction with respect to your personal data held by TWEH, HA and TWGHs. If you wish to exercise these rights or you do not wish to receive any promotional materials on solicitation for donations to TWEH, HA and TWGHs afterwards, please contact our Assistant Finance Manager of TWEH at 2162-6160 or by email tweh_enquiry@ha.org.hk. TWEH will notify HA and TWGHs accordingly.

Remarks : TWEH was founded by TWGHs in 1929 and has joined HA since December 1991. TWGHs participates in the management of TWEH through the Hospital Governing Committee.

Signature of the Donor: _____ Date: _____

*If the donated item is not accepted, our Hospital will contact the donor to take back the item. The hospital reserves the right to dispose the item if it is not taken back within 2 weeks.

Stamp

**Tung Wah Eastern Hospital
No. 19 Eastern Hospital Road
Causeway Bay, Hong Kong**

*Thank you
for Your
Generous Donation*

(Please do not send cash by post)