



# DONATION FORM

If you would like to donate to Pok Oi Hospital, please complete this donation form and send it together with the **crossed cheque** or **original bank-in slip** to the following address:

*Administrative Services Department,  
9/F, Pok Oi Hospital, Au Tau, Yuen Long, New Territories, Hong Kong*

( Please put a "√" in the boxes if appropriate)

**I / We would like to support Pok Oi Hospital by making a donation.**

### Donation Details

1. Donation Amount: HK\$

Donation Method:

Cash

Crossed cheque (*Payable to "Hospital Authority – Pok Oi Hospital"*)

Cheque no.: \_\_\_\_\_ Issue Bank: \_\_\_\_\_

Bank Deposit

*Please bank-in money to the following bank account of the Pok Oi Hospital:  
91-323-86893 (DBS Bank Ltd)*

2. In Kind: \_\_\_\_\_ Estimated Value: \_\_\_\_\_

3. Designated Use / Department (If any, otherwise the donation will support general patients' services):  
\_\_\_\_\_

### Donor Particulars

Individual Donor

Corporate Donor

Name of Individual or Organization: \_\_\_\_\_ (Mr / Ms / Mrs)

Name of Contact Person (if different from above): \_\_\_\_\_ (Mr / Ms / Mrs)

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

Tel: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

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.

### Personal Information Collection Statement

Your personal data collected in this form will be kept strictly confidential and made available only to Pok Oi Hospital and Hospital Authority (HA) to use for purposes relating to donation matters and for issuing receipts.

Under the Personal Data (Privacy) Ordinance, Pok Oi Hospital and HA need to obtain your consent as we intend to use your personal data (i.e. your name and contact data) for solicitation of donations for charitable purposes to Pok Oi Hospital and HA but will not so use your personal data unless your consent is received.

#### Use of Personal Data for Solicitation of Donations

**Please sign in the space below if you agree to support the charity work of Pok Oi Hospital and HA and the use of your personal data for solicitation of donations to Pok Oi Hospital and HA. If you find such use not acceptable, then your signature is not required.**

You have rights of access and correction with respect to your personal data held by Pok Oi Hospital and HA. If you wish to exercise these rights or you do not wish to receive any promotional materials on solicitation for donations to Pok Oi Hospital and HA afterwards, please contact *Administrative Services Department of Pok Oi Hospital* at 2486 8919.

Signature of the Donor: \_\_\_\_\_ Date: \_\_\_\_\_