



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

Donation Form I

Ref no. _____

**To : Hospital Chief Executive,
Address : Ruttonjee & Tang Shiu Kin Hospitals (RTSKH)
266 Queen's Road East, Wan Chai, Hong Kong**

(Please "✓" as appropriate)

1a. Please accept my donation to:

Hospital Department: (please specify) _____

1b. Designation of donation for Hospital:

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

2. Amount: _____ Cash Cheque Number: _____ (_____ Bank)
 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 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.

RTSKH 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 acknowledged by RTSKH.

Personal Information Collection Statement

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

Under the Personal Data (Privacy) Ordinance, RTSKH 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 RTSKH 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 RTSKH and HA and the use of your personal data for solicitation of donations to RTSKH 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 RTSKH and HA. If you wish to exercise these rights or you do not wish to receive any promotional materials on solicitation for donations to RTSKH and HA afterwards, please contact the Finance Manager of RTSKH at 2291-1456 or by email rtskh_donation@ha.org.hk.

Signature of the Donor : _____ Date : _____

- * Crossed cheque should be made payable to the "Hospital Authority-Ruttonjee Hospital" or "Hospital Authority-Tang Shiu Kin Hospital"
- * 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.
- * Please do not send cash by post.

Stamp

**Ruttonjee Hospital
266 Queen's Road East, Wan Chai, Hong Kong
4/F, Administration Building
Attn: Finance Department**

*Thank you
for Your
Generous Donation*

(Please do not send cash by post)