小·樓·醫·院
Siu Lam Hospital

醫院管理局
HOSPITAL AUTHORITY

新界西·醫院聯網
New Territories West Cluster

DONATION FORM

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

General Registry
Siu Lam Hospital, 15 Tsing Chung Koon Road, Tuen Mun

(☐ *Please put a "√" in the boxes if appropriate*)
I / We would like to support Siu Lam Hospital by making a donation.

Donation Details

1. Donation Amount: HK$ _____

   Donation Method:

   ☐ Cash

   ☐ Crossed cheque *(Payable to "Hospital Authority – Siu Lam Hospital")*

   Cheque no.: _____ Issue Bank: _____

   ☐ Bank Deposit

   Please bank-in money to the following bank account of the Siu Lam Hospital:
   267-321347-001 (Hang Seng Bank)

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 Siu Lam Hospital (SLH) and Hospital Authority (HA) to use for purposes relating to donation matters and for issuing receipts.

Under the Personal Data (Privacy) Ordinance, SLH 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 SLH 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 SLH and HA and the use of your personal data for solicitation of donations to Siu Lam 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 SLH and HA. If you wish to exercise these rights or you do not wish to receive any promotional materials on solicitation for donations to SLH and HA afterwards, please contact us at 2456 7822 or by email: slh_enquiry@ha.org.hk.

Signature of the Donor: _____ Date: _____