天水圍醫院
Tin Shui Wai 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 Tin Shui Wai Hospital, please complete this donation form and submit to the following address:

Administrative Services Department,
8/F, Tin Shui Wai Hospital, 11 Yin Tan Street, Tin Shui Wai, New Territories, Hong Kong

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

Donation Details

1. Donation Amount: HK$ _____

Donation Method:

☐ Cash

☐ Crossed cheque *(Payable to "Hospital Authority")*

Cheque no.: _____ Issue 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 Tin Shui Wai Hospital and Hospital Authority (HA) to use for purposes relating to donation matters and for issuing receipts.

Under the Personal Data (Privacy) Ordinance, Tin Shui Wai 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 Tin Shui Wai 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 Tin Shui Wai Hospital and HA and the use of your personal data for solicitation of donations to Tin Shui Wai 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 Tin Shui Wai 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 Tin Shui Wai Hospital and HA afterwards, please contact the *Administrative Services Department* of Tin Shui Wai Hospital at 3513 5171.

Signature of the Donor: _____ Date: _____

Tin Shui Wai Hospital, 11 Yin Tan Street, Tin Shui Wai, New Territories, Hong Kong
Tel: 3513 5171 Fax: 3514 9129

v.1 Mar 2017