



## Donation Form

Dear Sir/Madam,

### Unsolicited Donation

We appreciate donations as a gesture of generosity and thoughtfulness, however, staff of Kwai Chung Hospital (KCH) is not permitted to solicit donation particularly from patients. It is not a necessity for patients and their relatives to make any kind of donation to our Hospital.

In order to avoid any unnecessary misunderstanding, if you wish to make a donation, we would be grateful if the donor could complete the following donation slip with cash/crossed cheque/in kind to Community Relations Office (5/F, Block J, KCH). Donation of HK\$100 or more are tax deductible. For enquiries, please call Ms KO at 2959-8137, e-mail to [kky154@ha.org.hk](mailto:kky154@ha.org.hk) or fax to 2745-7610.

Thank you for your support.

With regards,  
Hospital Chief Executive  
Kwai Chung Hospital

## Donation Form

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

I/Our organization would like to make a donation to support Kwai Chung Hospital  
 designated to \_\_\_\_\_ [ Department ] (optional)

### Donor Particulars

- Individual Donor                       Corporate Donor

Name of Individual or

Organization: \_\_\_\_\_ (Mr/Mrs/Miss/Org)

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

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

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

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

Acknowledgement to donor may be arranged by Kwai Chung Hospital (KCH), please indicate below:

- I agree to have my donation acknowledged by KCH, name to be acknowledged:

\_\_\_\_\_ (Mr/Mrs/Miss/Org)

- Anonymous

- I do not agree to have my donation acknowledged by KCH

### Donation Details

1. Donation Amount: HK\$ \_\_\_\_\_ / Other currency: \_\_\_\_\_

Donation Method:

- Cash (Please do not send cash by post)

- Crossed cheque (Payable to the "Hospital Authority - Kwai Chung Hospital")

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

2. In kind: \_\_\_\_\_ Estimated value: \_\_\_\_\_

3. To support the following services:

- Patient services/ activities                       Educational activities/ publicity                       Staff training and development

- Purchase equipment/ set up facilities                       Other: \_\_\_\_\_

### Personal Information Collection Statement

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

Under the Personal Data (Privacy) Ordinance, KCH 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 KCH 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 KCH and HA and the use of your personal data for solicitation of donations to KCH 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 KCH and HA. If you wish to exercise these rights or you do not wish to receive any promotional materials on solicitation for donations to KCH and HA afterwards, please contact our Community Relations Office at 2959-8111.

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