



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 CHEUK at 2959-8922, e-mail to cst241@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: _____

To be completed by Head of Department (for donation designated to specified Department)

- 1. The acceptance of donation *is / is not supported.
- 2. Guidelines on Acceptance of Donation and Sponsorship in HAHO HR Circular No.2/98 and Acceptance of Advantages, Entertainment and Sponsorship in HAHO HR Circular No.6/2008 are observed.
- 3. *There is no recurrent implication on the acceptance. / The recurrent cost is minimal and will be adsorbed in my departmental budget. / The annual recurrent cost on accepting the donation is estimated at HK\$_____ and funding from the Hospital is requested.
- 4. *I declare that there is no conflict of interest. / The donor has commercial dealing with the hospital, I and/or my staff will be delinked from the decision-making in the procurement process for a period of 6 months.

Signature: _____ Tel: _____
Name & Post: _____ Date: _____

To be completed by Administrative Services Department

- Acceptance of donation is recommended.
 - Acceptance of donation is not recommended.
- Reason: _____

Signature: _____ Tel: _____
Name & Post: _____ Date: _____

To be completed by Hospital Chief Executive / Cluster Chief Executive

- Approval is given (approval reference: () in KCH/CR/6/2 ____) on the understanding that
 - There is no recurrent cost.
 - The recurrent cost is minimal and is to be absorbed within departmental budget.
 - Additional annual recurrent cost# of HK\$_____ will be absorbed by hospital.
- Approval is not given.

Signature: _____ Date: _____
Name: _____

* please delete where inappropriate
not exceeding HK\$500,000