





## **Hospital Authority**

Donation Form  To : Hospital Chief Executive, Pamela Youde Nethersole Eastern Hospital  Address : 3 Lok Man Road, Chai Wan, Hong Kong  Fax : 2889-2731  E-mail : pyneh_dmo@ha.org.hk  (Please "✓" as appropriate)  1. Please accept my donation to:  □ Hospital □ Department / Unit: (please specify)  2. For the following purpose: □ Medical Equipment & Supplies □ Staff Training & Development □ Service Improvement □ Others (e.g. Patient Support & Welfare / Others)  3. Donation Amount :		Pamela Youde Nethersole Eastern	Hospital	Donation Form I	
Address: 3 Lok Man Road, Chai Wan, Hong Kong Fax: 2889-2731 E-mail: pyneh_dmo@ha.org.hk (Please "\" as appropriate)				•	
Department / Unit: (please specify)	Address Fax	: 3 Lok Man Road, Chai Wan, Hong Kong : 2889-2731	ern Hospital		
Medical Equipment & Supplies   Others (e.g. Patient Support & Welfare / Others	1. Please	accept my donation to:	e specify)		
4. Donation Method:  (I) Cheque No.: ( Bank )  (II) Cheque No.: ( Bank )  (III) Bank Transfer / Deposit [including bank transfer via internet banking; automated teller machine (ATM); in-branch bank transfer; etc.] Please bank in money to any of the following bank accounts and send us the bank transfer / bank-in proof by post, fax or email. (If no documents are received, the donation will be designated to Service Improvement for the hospital.)  Bank Bank of China (Hong Kong) Limited 012-875-0-039587-2  The Bank of East Asia Limited 012-875-0-039587-2  The Bank of East Asia Limited 012-875-0-039588-5  The Hongkong and Shanghai Banking Corporation Limited 004-511-037459-003  (III) Credit Card / Debit Card One-off Manthly Mastercard Expiry Date:  Card No.:   Deposition of Card Mastercard Expiry Date:  Card Holder's Name:   Issuing Bank:  Signature:   Signature on credit card)  5. Donation in kind: (please specify)   Estimated value in HK\$:  Donor Particulars:   Individual Donor   Corporate Donor    Name of Individual or Organization:   Tel:    Postal Address (for mailing original receipt):   Tel:    Donation receipt will be issued to the name of individual or organization provided above unless otherwise specified.  PYNEH 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 / donation of the organization acknowledged by PYNEH.  Personal Information Collection Statement  Your personal data collected in this form will be kept strictly confidential and made available only to PYNEH, The PYNEH Charitable Trust and HA to use for purposes relating to donation matters and for issuing receipts.    Under the Personal Data (Fivacy) Ordinance, PYNEH, The PYNEH Charitable Trust and HA to use for purposes relating to donation matters and for issuing receipts.    Under the Personal Data (Fivacy) Ordinance, PYNEH, The PYNEH Charitable Trust and HA is used to specification of donations for PYNEH, The PYNEH Charitable Trust and HA is used to specifi	☐ Med	dical Equipment & Supplies		)	
(II) Cheque No.: ( Bank )  (III) Bank Transfer / Deposit [including bank transfer via intermet banking; automated teller machine (ATM); in-branch bank transfer; etc.] Please bank in money to any of the following bank accounts and send us the bank transfer / bank-in proof by post, fax or email. (If no documents are received, the donation will be designated to Service Improvement for the hospital.)  Bank Account No.  Bank Account No.  Bank Account No.  Bank Of China (Hong Kong) Limited 012-875-0-039587-2  The Bank of East Asia Limited 015-518-40-03988-5  The Hongkong and Shanghai Banking Corporation Limited 004-511-037459-003  (IIII) Credit Card / Debit Card One-off Monthly VISA Mastercard  Card No.: VISA Mastercard  Card No.: Signature: Issuing Bank:  Signature: Issuing Bank:  Signature: Issuing Bank:  Signature on credit card)  Donor Particulars: Individual Donor Corporate Donor  Name of Individual or Organization: (Mri Ms/ Missi Mrs/ Dri Prof /Not applicable)  Email: Tel:  Donation receipt will be issued for donation of HK\$100 or above (except Donation in kind) which is tax-deductible. The donation receipt will be issued to the name of individual or organization provided above unless otherwise specified.  PYNEH may acknowledge donations on the website or other means. If you do not agree, please indicate below. 1 do not agree to have my donation / donation of the 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 PYNEH. The PYNEH Charitable Trust and HA here 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 PYNEH, Per PYNEH Charitable Trust and HA is one of purposes relating to donation matters and for issuing receipts.  Use of Personal Data for Solicitation of Donations  Please sign in the space below If you agree to supropersonal data nelso your consent is r	3. <u>Donatio</u>	n Amount :			
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Signature: (same as Signature on credit card)  5. Donation in kind: (please specify) Estimated value in HK\$:	Card No.:				
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Signature of the Donor: \_ Date:\_

the item if it is not taken back within 2 weeks.

Crossed cheque should be made payable to the "Hospital Authority – Pamela Youde Nethersole Eastern 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

PYN-DN-001-R13W (E) 7-Jul-2022

## Donation Management Team Shroff Office, G/F, Main Block Pamela Youde Nethersole Eastern Hospital 3 Lok Man Road, Chai Wan, Hong Kong

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Thank you for Your Generous Donation

(Please DO NOT mail cash)

PYN-DN-001-R13W (E) 7-Jul-2022