

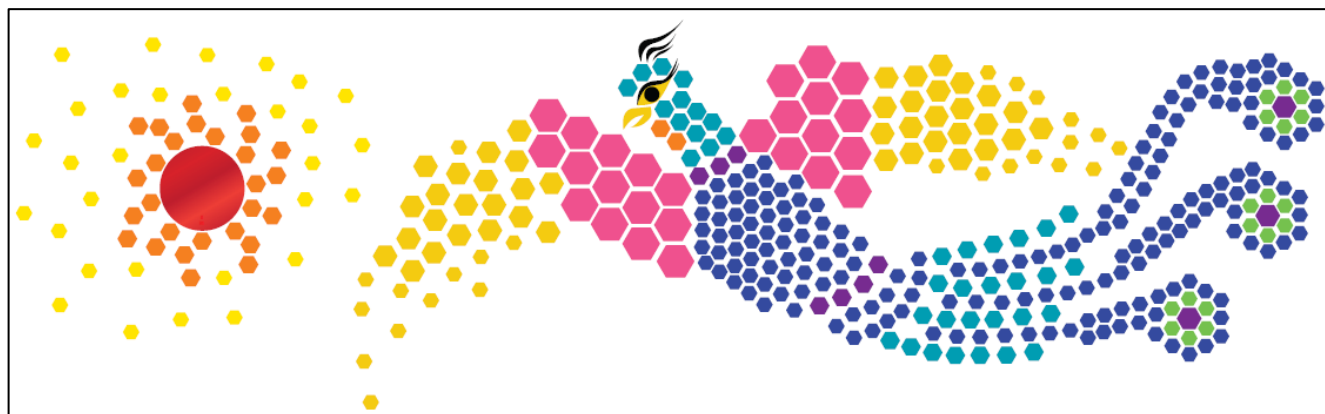
I would like to support the Chinese Hospital by purchasing a tile on the Phoenix Wall.

本人同意認購慈善牆磚支持東華醫院






Donor Name 捐款者 \_\_\_\_\_ Address 地址 \_\_\_\_\_













Phone 電話 \_\_\_\_\_ Email Address 電郵 \_\_\_\_\_



**FLAMING FIRE TILES 火球牆磚 (58)**

|  |              |    |         |   |                        |
|--|--------------|----|---------|---|------------------------|
|   | Flaming Fire | 火球 | 18"     | Call to inquire and bid on this tile (\$500,000+) | \$ <u>    SOLD    </u> |
|   | Flame        | 火焰 | 4-3/16" | I want to purchase _____ tile(s) (\$7,500+)       | \$ _____               |
|  | Flame        | 火焰 | 3-1/2"  | I want to purchase _____ tile(s) (\$3,500+)       | \$ _____               |

**PHOENIX TILES 鳳凰牆磚 (348)**

|   |         |     |         |   |                        |
|---|---------|-----|---------|---|------------------------|
|  | Eye     | 鳳眼  | 4-3/16" | Call to inquire and bid on this tile (\$100,000+) | \$ <u>    SOLD    </u> |
|  | Wing    | 翅膀  | 8"      | I want to purchase _____ tile(s) (\$25,000+)      | \$ _____               |
|  | Wing    | 翅膀  | 5-1/4"  | I want to purchase _____ tile(s) (\$10,000+)      | \$ _____               |
|  | Feather | 鳳羽毛 | 5-1/4"  | I want to purchase _____ tile(s) (\$10,000+)      | \$ <u>    SOLD    </u> |
|  | Wattle  | 鳳領  | 4-3/16" | I want to purchase _____ tile(s) (\$10,000+)      | \$ <u>    SOLD    </u> |
|  | Body    | 鳳身  | 4-3/16" | I want to purchase _____ tile(s) (\$7,500+)       | \$ <u>    SOLD    </u> |
|  | Head    | 鳳頭  | 4-3/16" | I want to purchase _____ tile(s) (\$7,500+)       | \$ _____               |
|  | Feather | 鳳羽毛 | 4-3/16" | I want to purchase _____ tile(s) (\$5,000+)       | \$ _____               |
|  | Feather | 鳳羽毛 | 3-1/2"  | I want to purchase _____ tile(s) (\$1,500+)       | \$ <u>    SOLD    </u> |
|  | Body    | 鳳身  | 3-1/2"  | I want to purchase _____ tile(s) (\$1,500+)       | \$ <u>    SOLD    </u> |
|  | Feather | 鳳羽毛 | 3-1/2"  | I want to purchase _____ tile(s) (\$1,500+)       | \$ <u>    SOLD    </u> |
|  | Wing    | 翅膀  | 3-1/2"  | I want to purchase _____ tile(s) (\$1,500+)       | \$ <u>    SOLD    </u> |

Inscription 描述 \_\_\_\_\_

Please mail completed form with a check payable to: Chinese Hospital

請郵寄此表格及支票 (擡頭寫 "Chinese Hospital")

845 Jackson Street, San Francisco, CA 94133

(Attn: Office of Fund Development)

For more information, please call 1-415-677-2470, or go online [www.chinesehospital-sf.org](http://www.chinesehospital-sf.org)

更多詳情, 請聯絡基金發展部或瀏覽本院網站