



SingHealth Fund Donation Form

To make a gift to SingHealth Fund, please fill in the following details where applicable.
Thank you for your generosity!

INDIVIDUAL

Name: (Dr/ Mr/ Mrs/ Ms/ Mdm) _____
(as in NRIC / FIN)

NRIC / FIN No: _____

Address: _____
_____ **Singapore** _____

Contact No: _____ Email: _____

CORPORATE

Company Name and Company Stamp: _____

Company Registration No./UEN: _____

Address: _____

Contact Person: (Dr/ Mr/ Mrs/ Ms/ Mdm) _____

Department/ Designation: _____

Contact No: _____ Email: _____

- I would like to give: Monthly One-Time
- \$10 \$20 \$50 \$100
- \$250 \$500 Others \$ _____

| | | |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------|
| Academic Medicine (general) \$ _____ | Musculoskeletal Sciences \$ _____ | Paediatrics \$ _____ |
| Anaesthesiology \$ _____ | Neuroscience \$ _____ | Pathology \$ _____ |
| Cardiovascular Sciences \$ _____ | Obstetrics & Gynaecology \$ _____ | Radiological Sciences \$ _____ |
| Emergency Medicine \$ _____ | Oncology \$ _____ | Surgery \$ _____ |
| Family Medicine \$ _____ | Ophthalmology & Visual Sciences \$ _____ | Singapore Cord Blood Bank \$ _____ |
| Medicine \$ _____ | Oral Health \$ _____ | |
| Needy Patients <i>please indicate preferred institution)SGH,KKH,SKH,SCH,NCCS,NDCS,NHCS,NNI, SNEC:</i> _____ | | \$ _____ |



All donors are required to provide their Tax Reference number (e.g. NRIC/FIN/UEN where applicable) to enjoy tax deduction. All donations received are managed and administered by SingHealth Fund, (UEN 201624016E) an Institution of Public Character. Tax-deductible receipts will be issued by SingHealth Fund only upon request.

PDPA: (Please tick ✓ where applicable)

By providing my particulars as requested in this form, I, the Donor understand and acknowledge that I am deemed to have given consent to the relevant SingHealth organisations and their successors or assigns (collectively 'Organisations' as detailed in the SingHealth Data Protection Policy) collecting, using and/or disclosing my personal data, and disclosing my personal data to each other (as may be necessary) for the purpose of processing my donations and such other reasonably related purposes as may be set out in the SingHealth Data Protection Policy available at www.singhealth.com.sg/pdpa.

[] By ticking this box, I agree to any of the SingHealth Organisations sending me information and/or contacting me via voice call/ SMS or email on their fundraising campaigns, volunteer recruitment, social outreach and other related topics and events. I confirm and agree that my consents granted herein do not supersede or replace any other consents which I may have previously provided to each of the Organisations in respect of my personal data, and are additional to any rights which the Organisations may each individually have at law to collect, use or disclose my personal data.

[] By ticking this box, I wish to remain anonymous and my personal data/ donation should not be publicised or recognised in any form.

DONATION VIA:

CREDIT CARD

VISA MASTERCARD

Card No. _____

Name of Bank _____ Expiry Date: _____ (MM/YY)

CHEQUE

Name of Bank _____ Cheque No.: _____

- Please make cheque payable to **SHF-FOUNDATION**
- Please indicate which cause(s) you are supporting at the back of the cheque.

GIRO (please complete this section if you are contributing via GIRO)

Name of Bank _____ Branch _____

Name as in Bank Records _____

Bank Account Number

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

X _____ (Signature as in bank records)

- 1) We hereby authorize SingHealth Fund to debit my/our account.
- 2) I/You are entitled to reject SingHealth Fund debit instructions if my/our account if my/our account does not have sufficient funds and charge me/ us for this.
- 3) This authorization will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through SingHealth Fund.
- 4) To expedite GIRO processing, please sign according to your bank records or go to the branch with your identification for thumbprint.



Please send completed donation form to:

SingHealth Development Office
167 Jalan Bukit Merah, Tower 5 #03-11
Singapore 150167

Enquiries: giving@singhealth.com.sg

THANK YOU FOR YOUR DONATION!

| FOR SINGHEALTH FUND USE ONLY | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------|--|--|--|--------|--|--------------------------------------|--|----------------------------------|--|--|--|
| Bank | | | | Branch | | | | SingHealth Fund (SHF-Foundation) | | | |
| 7171 | | | | 003 | | | | 0039452438 | | | |
| SingHealth Reference | | | | | | | | | | | |
| | | | | | | | | | | | |
| FOR BANK USE ONLY | | | | | | | | | | | |
| To SingHealth Fund | | | | | | | | | | | |
| This application is REJECTED due to the following (please tick): | | | | | | | | | | | |
| <input type="checkbox"/> Signature/Thumbprint differs from Financial Institution's records | | | | | | | | | | | |
| <input type="checkbox"/> Signature/ Thumbprint is incomplete/ unclear | | | | | | | | | | | |
| <input type="checkbox"/> Account operated by Signature/ Thumbprint | | | | | | | | | | | |
| <input type="checkbox"/> Amendments not countersigned by customer | | | | | | | | | | | |
| <input type="checkbox"/> Wrong Account No. | | | | | | | | | | | |
| <input type="checkbox"/> Others | | | | | | | | | | | |
| _____ Name of Approving Officer | | | | | | _____ Authorised Signature & Date | | | | | |