



## The **3 Pillars** of Gift of Family Fund

### Promote Innovation & Research

Support development of programmes and technology to provide person-centered care and identify effective and affordable treatment for patients.

### Advance Training & Development

Enhance training and development for current and future generations of Family Physicians to provide holistic and better care.

### Enhance Patient Care

Support patients with financial challenges and enable them to receive the essential medical care they need.

You may choose to dedicate your donations to any or all of the pillars.

Please indicate your preference in the donation form overleaf.



# Bless<sup>♥</sup>

the lives of families  
with the gift of  
better healthcare

“

*The Gift of Family Fund has helped us cross impossible hurdles while we straighten our family financial issues. We are grateful that your generosity has protected us in times of crisis and uncertainty, allowing us to receive the essential medical care we need.*

*Thank you!*

**Ms. Lisa**

Patient of Bedok Polyclinic

**PATIENTS. AT THE HE<sup>♥</sup>RT OF ALL WE DO.®**



Polyclinics  
SingHealth

SingHealth **DukeNUS**  
ACADEMIC MEDICAL CENTRE  
**FAMILY MEDICINE**

**SINGHEALTH POLYCLINICS**

167 Jalan Bukit Merah

Connection One (Tower 5), #15-10

Singapore 150167

T: +65 6236 4800 F: +65 6274 9901

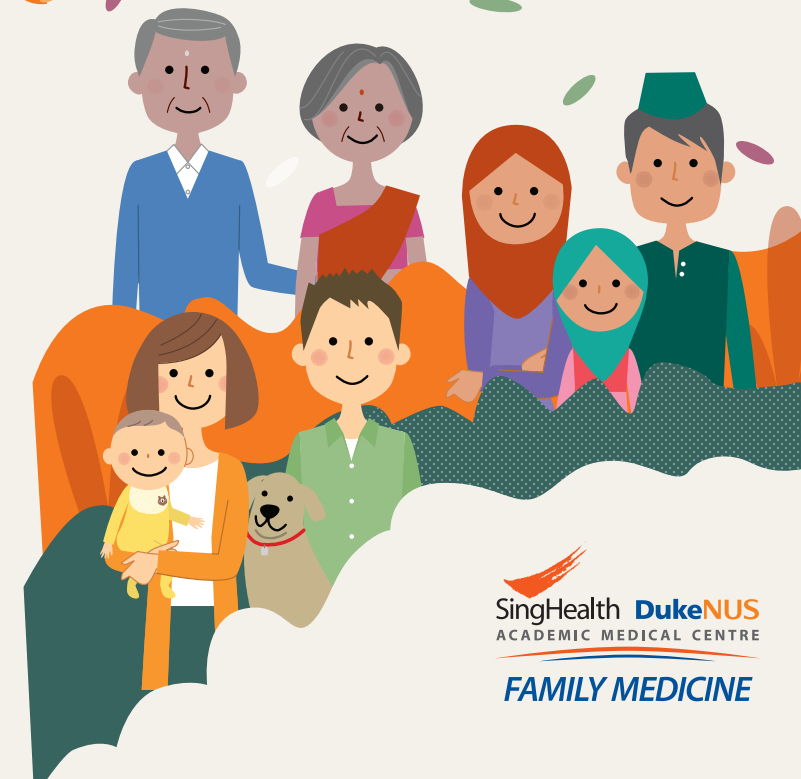


Polyclinics  
SingHealth

# GIFT of FAMILY FUND



Because family matters



SingHealth **DukeNUS**  
ACADEMIC MEDICAL CENTRE  
**FAMILY MEDICINE**

# GIFT of FAMILY FUND

Managed by SingHealth Fund

Family Medicine is a medical discipline dedicated to the comprehensive health care and treatment for the individual, family and community.

**The Gift of Family Fund by SingHealth Polyclinics supports the advancement of Family Medicine through Research and Education, and provides support to polyclinic patients.**

Your contributions will help uplift the lives of families through accessible and better healthcare.

**Together, we can transform lives.**

For more information, visit us at [polyclinic.singhealth.com.sg](http://polyclinic.singhealth.com.sg) or email [givingtoshp@singhealth.com.sg](mailto:givingtoshp@singhealth.com.sg) for enquiries.

SUPPORT US TODAY!



## Yes! I would like to make a gift

I would like to give:  Monthly  One-Time

\$50  \$100  \$200  Others \$ \_\_\_\_\_

My donation will support: **GIFT OF FAMILY FUND**

Research and Innovation  Education and Advancement

Patient Support at Polyclinics  All of the above

### DONOR'S DETAILS:

Name: \_\_\_\_\_  
(as in NRIC/FIN/UEN)

NRIC/FIN/UEN No.: \_\_\_\_\_

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

\_\_\_\_\_ Singapore: \_\_\_\_\_

Contact No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

### DONATION METHOD:

**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*

**GIRO**

Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Name as in Bank Records: \_\_\_\_\_

Bank Account No.: \_\_\_\_\_

X \_\_\_\_\_ (Signature as in bank records)

- 1) We hereby authorise SingHealth Fund to debit my/our account.
- 2) You are entitled to reject SingHealth Fund debit instructions if my/our account does not have sufficient funds and charge me/us for this.
- 3) This authorisation 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

## ALL DONATIONS ARE ELIGIBLE FOR 250% TAX DEDUCTION

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.

### Personal Data Protection: (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](http://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.

Please send completed donation form to:

**SingHealth Polyclinics Development Office**  
**167 Jalan Bukit Merah #15-10 Connection One (Tower 5)**  
**Singapore 150167**

**Thank you for your generous support!**

### FOR SINGHEALTH FUND USE ONLY

Bank  Branch  SingHealth Fund (SHF-Foundation)

SingHealth Reference:

### FOR BANK USE ONLY

#### To SingHealth Fund

**This application is REJECTED due to the following (please tick):**

- Signature/Thumbprint differs from Financial Institution's records
- Signature/Thumbprint is incomplete/unclear
- Account operated by Signature/Thumbprint
- Amendments not countersigned by customer
- Wrong account no.
- Others

\_\_\_\_\_  
Name of Approving Officer

\_\_\_\_\_  
Authorised Signature & Date