



**YES!** I want to play my part in improving the lives of heart patients!

**One-Time Donation**

I enclose a cheque/ credit card donation for

S\$ \_\_\_\_\_

Cheque/ Credit Card No.

\_\_\_\_\_  
(please make cheque payable to "SingHealth Foundation – NHCS")

**Regular Donation**

I would like to contribute on a monthly basis by

Credit Card  GIRO - For an amount of

\$5  \$10  \$20  Others \_\_\_\_\_

**DONOR'S PARTICULARS**

- Individual Donation  
 Corporate Donation

Name of Donor/ Contact person (Prof/ Dr/ Mr/ Ms)

\_\_\_\_\_

Date of Birth (dd/mm/yy): \_\_\_\_\_

Gender: Male/ Female

NRIC / UEN No. \_\_\_\_\_  
(INDV/ CORP) (For tax exemption purpose)

Address \_\_\_\_\_

\_\_\_\_\_ Postal Code ( )

Email Address \_\_\_\_\_

Tel. \_\_\_\_\_ (Home) \_\_\_\_\_ (Office)

\_\_\_\_\_ (HP)

**Acknowledgement of Donation**

Please note that a donation of \$10,000 and above will be acknowledged on the donor's wall.

I/ We do not want to be acknowledged in anyway

I/ We would like the following name to be acknowledged \_\_\_\_\_

**Regular donation by Credit Card:** Please fill in this portion if you are donating through credit card.

Credit Card No.

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Expiry Date (mm/yy) \_\_\_\_\_

**Signature (as in Bank records) & Date**

**Regular donation by GIRO:** Please fill in this portion if you are donating through GIRO.

Name of Bank \_\_\_\_\_

Branch \_\_\_\_\_

Name as in Bank Record

\_\_\_\_\_

Bank Account Number

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**Thumbprint/ Signature & Date**

To minimise processing costs to SingHealth Foundation-NHCS, Please sign according to your bank records or go to the branch with your identification for thumbprint.

Name of billing organisation: SINGHEALTH FOUNDATION-NHCS

- 1/ We hereby authorise SingHealth Foundation-NHCS to debit my/ our account.
- 2/ You are entitled to reject SingHealth Foundation-NHCS' debit instructions if my/ our account does not have sufficient funds and charge me/ us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charge accordingly.
- 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 Foundation-NHCS.

**For SingHealth Foundation-NHCS Official Use Only**

Bank	Branch	SingHealth Foundation-NHCS' A/C No.
7	1	7
1	0	0
3	0	0
3	9	0
2	4	1
7	7	

SHF-NHCS Reference

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**For Bank's Official Use Only** To: SingHealth Foundation-NHCS.  
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 number  
 Others \_\_\_\_\_

Name of Approving Officer \_\_\_\_\_ Authorised Signature \_\_\_\_\_