



Mdm Soh Cheek Huay
67 years old
Beneficiary of NHCS Heart To Heart Fund

Mdm Soh has been on long-term follow up care at the National Heart Centre Singapore since 2005. She lives with her husband, 73-year-old Mr Lim, in a HDB rental flat. Mr Lim left his job many years ago to care for Mdm Soh, and they depend on social assistance for their daily expenses.

As Mdm Soh requires the use of a wheelchair and has regular medical appointments at various healthcare centres, the elderly couple felt helpless when Mdm Soh's wheelchair got damaged. Given their financial circumstances, they could not afford the repair fee.

With the support of Heart To Heart Fund, Mdm Soh's wheelchair was fixed and Mr Lim is now able to bring Mdm Soh to receive the care she requires, and spend quality time with her by taking her out for strolls.

To find out more about Heart To Heart Fund and our beneficiaries, visit www.nhcs.com.sg/giving/your-gift-at-work or scan this QR code.



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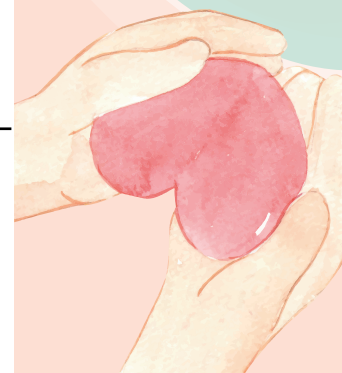
NATIONAL HEART CENTRE SINGAPORE
5 Hospital Drive
Singapore 169609



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*Give Hope
Give Life*



I WOULD LIKE TO GIVE A GIFT

(Please tick ✓ where applicable)

One-Time Donation

\$30 \$50 \$100

Other amount: \$

Monthly Donation

\$200

(please specify)

MY GIFT TO GO TO

Financial assistance to needy patients

Medical Research

Training and Education

New Treatment Modalities

(If none of the above is selected, your gift will go towards promoting, raising awareness and advancing the above causes.)

DONOR'S DETAILS

Personal Donation

Name of Donor: (Dr/Mr/Ms/Mdm)

Corporate Donation

Name of Donor/Company:

NRIC/FIN No/UEN No.[^]:

(For tax deduction purposes)

Contact Details:

Tel: (Home/Mobile) (Office)

Email:

Address:

Postal Code

[^]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.

ACKNOWLEDGEMENT

NHCS acknowledges donations of \$10,000 and above on our donors' appreciation wall.

I/We do not want to be acknowledged in any way.

I/We would like the following name to be acknowledged.

(Dr/Mr/Ms/Mdm)

(Please write in BLOCK LETTERS)

Please tick here if you would like to add 'In Memory of' before the above name to be acknowledged.

This gift is made in honour of
for the exemplary care received. (name of healthcare staff)

DONATION VIA

Cheque No.:

(Please make payable to "SHF-NHCS FUND")

Credit Card

VISA Mastercard

Cardholder name:

Card No.:

Expiry Date:

(MM/YYYY)

Signature:

(as appears on credit card)

GIRO

Name as in Bank Records:

Name of Bank:

Branch:

Bank Account No.:

Signature/Thumbprint*:

(as in Bank Records)

* For the thumbprint, please go to the branch with your identification documents.

- I/We hereby authorise SHF-NHCS Fund to debit my/our account.
- You are entitled to reject SHF-NHCS Fund 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 or charges accordingly.
- 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 SHF-NHCS Fund.

PDPA

I/We consent to the SingHealth Institutions and their successors or assigns collecting, using and/or disclosing my personal data for purposes of processing my donations and such other reasonably related purposes set out in the SingHealth Data Protection Policy available at SingHealth-Grp-Data-Protection-Policy-2020-07.pdf, section 6 "For our donors and sponsors."

I do want to stay connected, receive updates and be alerted on other fundraising and volunteering news and opportunities. You can reach me via the email / telephone / address or other contact particulars I have given.

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

FOR SHF-NHCS FUND USE ONLY

Bank Branch SHF-NHCS Fund A/C No.

7	1	7	1	0	0	3	0	0	3	9	4	5	3	4	8	5
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SHF-NHCS Reference

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FOR BANK'S OFFICIAL USE ONLY

To SHF-NHCS Fund:

This Application is REJECTED due to the following:

- ☐ Signature/Thumbprint* differs from Financial Institution's records
- ☐ Signature/Thumbprint* is incomplete/unclear
- ☐ Account operated by Signature/Thumbprint*
- ☐ Amendments not countersigned by donor
- ☐ Wrong account number
- ☐ Others

Name of Approving Officer

Authorised Signature

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