

NHCS Heart To Heart Fund: Donation Form

DONOR'S DETAILS

Full Name/

Company Name# :

(Dr/Mr/Ms/Mdm if applicable)

(As in NRIC/FIN/UEN)

NRIC/FIN/UEN No. #:

Contact No.:

Mailing Address:

Postal Code

Email:

For Corporate Donors ONLY:

Contact Person:

Contact No:

Email:

I WOULD LIKE TO MAKE A GIFT: (Please tick ✓ where applicable)

Monthly Donation (Via GIRO or Credit Card only) **One-time Donation**

\$30 \$50 \$100 \$200 Other amount: S\$ _____

I WANT MY GIFT TO GO TO: (Please tick ✓ where applicable)

Financial Assistance to Needy Patients Medical Research
 New Treatment Modalities Training and Education

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

ACKNOWLEDGEMENT

NHCS acknowledges donations of \$10,000 and above on our donor's 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)

PDPA: (Please tick ✓ where applicable)

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By ticking this box, I wish to remain anonymous and my personal data/ donation should not be published or recognised in any form.



*Giving Hope,
Touching Lives.*

DONATION VIA: (Please tick ✓ where applicable)

CHEQUE No.: _____
Please make cheque payable to "SHF-NHCS FUND"

GIRO
 Name as in Bank Records: _____
 Name of Bank: _____ Branch: _____
 Bank Account Number : _____
 Signature/thumbprint: _____ *(as in bank records)*

- I hereby authorise SHF-NHCS Fund to debit my account.
- You are entitled to reject SHF-NHCS Fund debit instructions if my account does not have sufficient funds and charge me for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- This authorisation will remain in force until terminated by your written notice sent to my address last known to you or upon receipt of my written revocation through SHF-NHCS Fund.

CREDIT CARD : VISA MASTERCARD
 Name of Cardholder: _____
 Credit Card No. _____
 Name of Bank: _____ Expiry Date: _____
(mm/yy)
 Signature: _____ *(as appears on Credit Card)*

FOR SINGHEALTH FUND USE ONLY

Bank 7171	Branch 003	SHF-NHCS Fund 0039453485
SHF-NHCS Reference		

FOR BANK'S OFFICIAL USE ONLY

To SHF-NHCS Fund
This application is REJECTED due to the following: (Please tick ✓ where applicable)
 Signature/Thumbprint differs from Financial Institution's records
 Signature/ Thumbprint is incomplete/ unclear
 Wrong Account No.
 Account operated by Signature/ Thumbprint
 Amendments not countersigned by customer
 Others _____

 Name of Approving Officer Authorised Signature & Date