

NHCS Heart To Heart Gala 2024

15 November 2024 (Friday), The Ritz-Carlton, Millenia Singapore

A. DETAILS OF DONOR

Name of Individual/
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: _____

B. ACKNOWLEDGEMENT FOR INDIVIDUAL/COMPANY

I wish to be acknowledged in the relevant gala collaterals as (subject to organiser's approval):

C. DETAILS OF DONATION (Please tick (✓) where applicable)

For Outright Donations

- For \$9,888 and above, you will be invited to take up a table of 10 persons at the event.
- For \$28,888 and above, you will be invited to take up a table of 10 persons and join an exclusive pre-dinner reception.

S\$28,888

S\$18,888

S\$9,888

Others: \$ _____ (please specify amount)

I am unable to attend the Gala Dinner but would like to make a donation of S\$_____.

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

Your donation will be distributed equally towards the four causes under NHCS Heart To Heart Fund. However, if you wish to donate to specific cause(s), please tick the preferred cause(s).

Financial Assistance to Needy Patients

Medical Research

New Treatment Modalities

Training and Education

*All donors who are Singapore tax residents are required to provide their tax reference number (NRIC/FIN/UEN where applicable) to enjoy tax deduction. **Eligible donations will enjoy a 250% tax deduction.** Donation will be automatically included in the donor's IRAS tax assessment. Official receipt will be sent only upon donor's written request. All donations received are managed by SingHealth Fund, an Institution of a Public Character (UEN201624016E).

D. MODE OF DONATION (Please tick (✓) accordingly)

- Cheque**
(Please make cheque payable to “SHF-NHCS Fund” and pen “Heart To Heart Gala 2024” on the back of cheque.)

Bank name & Cheque no:	
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- Credit/ Debit Card**

Card Type:	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMEX
Card Number:			
Expiry Date (MM/YY):			
Authorised Signature of Cardholder:		Date:	

- Interbank Transfer or PayNow**
(If you wish to donate via interbank transfer/ PayNow, please contact NHCS Development at 6704 2377 or email to development@nhcs.com.sg for SHF-NHCS Fund bank details.)

Bank Account Holder/ Number:	
Bank transaction reference:	
Transaction date:	

E. 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 <https://www.singhealth.com.sg/pdpa>.

- 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.

Please send the completed form and cheque to:

National Heart Centre Singapore
5 Hospital Drive, Singapore 169609
Attn: Corporate Development

For enquiries, contact 6704 2377 or email development@nhcs.com.sg.