

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 Debit/Credit Card or GIRO 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. (Please tick ✓ where applicable)

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- By ticking this box, I wish to remain anonymous and my personal data/ donation should not be published or recognised in any form.

#Donors are required to provide their Tax Reference number (e.g. NRIC/FIN/UEN where applicable) to enjoy 250% tax deduction benefits. 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. For enquiries, please contact the Development Team at development@nhcs.com.sg.



Giving Hope, Touching Lives.

DONATION VIA: (Please tick ✓ where applicable)

NAME OF BANK & CHEQUE No.: Please make cheque payable to "SHF-NHCS FUND"

DEBIT/CREDIT CARD: VISA MASTERCARD. Name of Cardholder, Credit Card No., Name of Bank, Expiry Date, Authorised Signature of Cardholder.

I hereby authorise the charge of the donation amount of \$ to my debit/credit card.

GIRO. To: Name of Bank & Branch, Name as in Bank Records, Bank Account No., I/We hereby authorise you to process SingHealth-NHCS Fund's instruction to debit my/our account for the donation to Heart To Heart Fund.

X Authorised Signature (s) / Thumbprint as in bank records Date

FOR SINGHEALTH FUND USE ONLY. Table with columns for Bank (7171), Branch (003), SHF-NHCS Fund (0039453485), SWIFT BIC, and 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)