

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- By ticking this box, I wish to remain anonymous and my personal data/ donation should not be published or recognised in any form.

*#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). For enquiries, please contact the Development Team at [development@nhcs.com.sg](mailto:development@nhcs.com.sg). For enquiries, please contact the Development Team at [development@nhcs.com.sg](mailto: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: (mm/yy) \_\_\_\_\_
Authorised Signature of Cardholder: \_\_\_\_\_ (as appears on debit/credit Card)

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.: [Grid]

- 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.
You are entitled to reject SingHealth-NHCS Fund's debit instructions if my/our account has insufficient funds and charge me/us a fee for this.
This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you; upon your receipt of my/our written revocation; or upon your receipt of my/our written revocation through SingHealth-NHCS Fund.

X \_\_\_\_\_

Authorised Signature (s) / Thumbprint as in bank records

\* For thumbprint(s), please go to the Bank for verification

Date

FOR SINGHEALTH FUND USE ONLY

Bank 7171 Branch 003 SHF-NHCS Fund 0039453485

SWIFT BIC \_\_\_\_\_

SHF-NHCS Reference

[Grid]

FOR BANK'S OFFICIAL USE ONLY

To SHF-NHCS Fund

This application is REJECTED (please tick) for the following reason(s):

- [ ] Signature/ Thumbprint# differs from Financial Institution's records
[ ] Signature/ Thumbprint# is incomplete/ unclear#
[ ] Account is operated by Signature/ Thumbprint#
[ ] Wrong Account No.
[ ] Amendments not countersigned by customer
[ ] Others: \_\_\_\_\_

(Reason: .....)

Name of Bank's Approving Officer

Authorised Signature & Date

#Please delete where inapplicable