Join us and help raise awareness and funds for Rheumatology Research!

How to participate?

1. Participate as a swimmer!
   https://tinyurl.com/sgh-sfr2018

2. Make a splash with an outright donation!
   https://www.giving.sg/sghhdf/sfr2018

3. Attend our public forum
   “All You Need To Know About Arthritis
   “Gout-friendly Eating - The Evidence!
   Register here: https://tinyurl.com/sgh-sfr2018

- All net proceeds will go towards the Reverie Rheumatology Research Fund (endowed).
- All outright donations are entitled to 2.5 times tax deduction of the donated amount and they are managed by SGH Health Development Fund, part of SingHealth Fund, an Institution of Public Character (UEN 201624016E) to expedite and fund novel research into predicting disease flares and test new treatments.
- All donors are required to provide their Tax reference number (e.g. NRIC/FIN/UEN where applicable) to enjoy tax deduction. The donation will be automatically included in your IRAS tax assessment. As such, no official receipt will be provided unless upon your written request.
- There will be photography and videography coverage at the event for publicity purposes.

An Initiative by the Department of Rheumatology & Immunology
Singapore General Hospital

15 SEP 2018, SAT, 3 - 7 PM
METHODIST GIRLS’ SCHOOL

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YES, I would like to make a gift to Medicine Academic Clinical Programme – Reverie Rheumatology Research Endowed Fund

☐ One Time Donation of $__________

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☐ Annual Pledge of $__________ for _______year(s)

MY DONATION:
(Please tick accordingly)

☐ By Cheque:

Cheque No. ____________________________

(Please make cheque payable to SHF-SGH Fund and indicate “Reverie Rheumatology Research Fund Endowed” at the back of the cheque.)

☐ By Credit/Debit Card:

Card Type: ☐ VISA ☐ MASTERCARD

Name of Cardholder: ____________________________

Name of Bank: ____________________________

Card no: ____________________________

Expiry Date: ____________________________ (Month / Year)

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Date of Birth (dd/mm/yy) ____________________________

Mailing Address

__________________________________________

Mobile: ____________________________

Office: ____________________________

Email: ____________________________

MY PARTICULARS:

Name: (Prof / Dr / Mr / Mrs / Ms / Mdm) ____________________________

Company: ____________________________

Date of Birth (dd/mm/yy) ____________________________

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By providing my particulars as requested in this form, I, the Donor understand and acknowledge that I am deemed to have given consent to the relevant SingHealth organisations and their successors or assigns (collectively ‘Organisations’ as detailed in the SingHealth Data Protection Policy) collecting, using and/or disclosing my personal data, and disclosing my personal data to each other (as may be necessary) for the purpose of processing my donations and such other reasonably related purposes as may be set out in the SingHealth Data Protection Policy available at www.singhealth.com.sg/pdpa.

[ ] By ticking this box, I agree to any of the SingHealth Organisations sending me information and/or contacting me via voice call or SMS on their fundraising campaigns, volunteer recruitment, social outreach and other related topics and events. I confirm and agree that my consents granted herein do not supersede or replace any other consents which I may have previously provided to each of the Organisations in respect of my personal data, and are additional to any rights which the Organisations may each individually have at law to collect, use or disclose my personal data.

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

Please return this form, together with the cheque (where applicable), to:

SGH Development Office
167 Jalan Bukit Merah Tower 5, #03-11
Singapore 150167

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