

About Us

Singapore General Hospital (SGH), the country's first and largest hospital providing medical care to over a million Singaporeans per year, is the public sector's flagship hospital. SGH is a not-for-profit institution fully owned by the government of Singapore.

SGH Needy Patients Fund helps patients, who have undergone means-testing, by financing needs such as dialysis, equipment, consumables and treatments not covered by safety nets like MediFund. This fund has allowed patients to focus on recovery until alternative community-based or charity-based funding is readily available.

The aid provided is much-needed by patients who require financial assistance to access medical treatment and care.

The fund has now served more than 23,500 patients in dire need including sole household breadwinners as well as elderly people from low-income households.

Your Gift Matters

Mdm Noor, a 54-year-old single mother to one daughter, suffers from multiple chronic conditions including chronic respiratory failure and obstructive sleep apnea. Unable to work due to these conditions, Mdm Noor requires Bilevel Positive Airway Pressure (BiPap).

SGH Needy Patients Fund supported Mdm Noor by financing the BiPap extended rental cost while she was in dire financial need, thus alleviating the financial burdens on both Mdm Noor and her daughter who is her caregiver.

“ Thank you for the financial help which helps me to focus on my treatment. I used to be breathless just going between my bedroom and the kitchen, but (I am) now able to take short walks in the park and go about my daily life. It gives me hope. ” – Mdm Noor

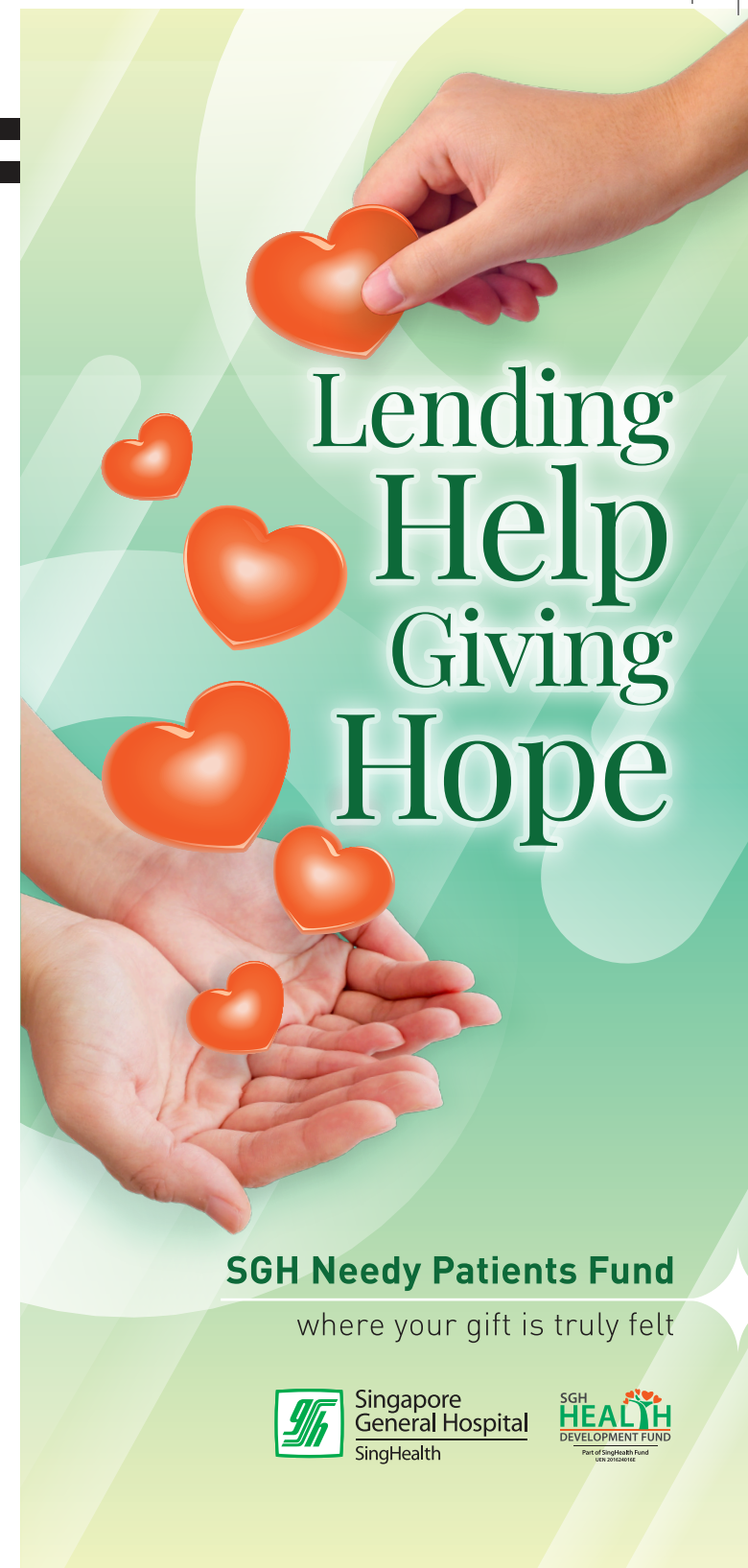


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SGH Health Development Fund
Singapore General Hospital Pte Ltd
1 Hospital Drive
Outram Road
Singapore 169608



SGH Needy Patients Fund

where your gift is truly felt



**Singapore
General Hospital**
SingHealth



**SGH
HEALTH
DEVELOPMENT FUND**
Part of SingHealth Fund
Sole Donor

The Impact of Your Gift



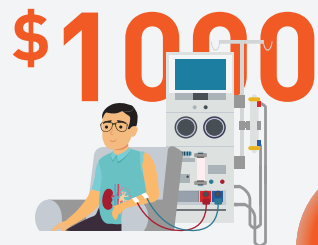
provides **1 month's supply of diapers** to a patient with mobility impairment



provides **1 month's rental of oxygen concentrator** to a patient with respiratory conditions



provides **5 months' worth of nutritional supplements** to a cancer patient



finances a kidney failure patient's interim dialysis for 1 month

No amount is too small

Scan this QR code if you prefer to give us your details through FormSG.



For more information or to arrange a confidential discussion, please

📞 6326 6728/6326 6378 or
📧 giftstosgh@sgh.com.sg

MY GIFT

- ☐ Monthly ☐ One-time
☐ S\$50 ☐ S\$100 ☐ S\$500 ☐ S\$1000 ☐ S\$3000
☐ Others: S\$ _____ (Please specify)

MY PARTICULARS

Name (Prof / Dr / Mr / Mrs / Ms / Mdm) _____

Company _____

*NRIC/FIN/UEN _____

Mailing Address _____

Mobile _____ Home Tel _____ Office Tel _____

Email _____

Date _____

PAYMENT MODE (Please select one)

- ☐ **Cheque No.** _____
 (Please make cheque payable to "SHF-SGH FUND")
- ☐ **Credit Card** ☐ Visa ☐ Mastercard
- Name of Cardholder _____
- Card No. _____
- Name of Bank _____ Expiry Date ____ / ____
 (m m / y y)

PayNow (for one-time donation only)



- Launch your mobile banking application
- Scan the QR code or key in UEN: 201624016ENPF
- Please key in the donation amount Under UEN/Bill Reference Number, please key in your NRIC/FIN/UEN for tax benefit

FOR MONTHLY DONATION ONLY

☐ iDDA (GIRO Donation - DBS/POSB Accounts Only)

- Go to DBS ibanking (<https://internet banking.dbs.com.sg/IB/Welcome>) or POSB ibanking (<https://www.posb.com.sg>)
- Go to Pay, select **GIRO Arrangement** choose **SGHNEEDYPATIENTSFUND** from the drop down list under "Billing Organisation"
- Key in your full NRIC/FIN number under "Bill Reference" for 250% tax benefits (for Singapore tax residents) and monthly donation amount under "Payment limit"

*All donors are required to provide their Singapore Tax Reference number (e.g. NRIC/FIN/UEN where applicable) to enjoy tax deduction. The donation will be automatically included in the donor's IRAS tax assessment and receipt will be issued upon request. If you would like one, please email us.

Please glue here and do not staple

GIRO Donation

To: Name of Bank & Branch _____

Name as in Bank Records _____

Bank Account No. _____

- a. I/We hereby authorise you to process SingHealth Fund-(SHF-SGH Fund)'s instruction to debit my/our account for the Donation.
- b. You are entitled to reject SingHealth Fund-(SHF-SGH Fund)'s debit instructions if my/our account has insufficient funds and charge me/us a fee 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.
- c. 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 Fund-(SHF-SGH Fund).

Authorised Signature (s) /
Thumbprint as in bank records

Date

An original wet-ink signed form is required by banks for processing.

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.

FOR SINGHEALTH FUND – SGH OFFICIAL USE ONLY

Bank 7171 Branch 003 SingHealth Fund-(SHF-SGH Fund) 0039453469

SingHealth Fund-(SHF-SGH Fund) Reference

FOR BANK'S OFFICIAL USE ONLY

To SingHealth Fund-(SHF-SGH Fund)

This application is **REJECTED** due to the following (please tick):

- ☐ Signature/Thumbprint differs from Financial Institution's records
- ☐ Signature/ Thumbprint is incomplete/ unclear
- ☐ Account operated by Signature/ Thumbprint
- ☐ Amendments not countersigned by customer
- ☐ Wrong Account No.
- ☐ Others (Reason: _____)

Name of Bank's Approving Officer

Authorised Signature & Date

FORM: SHF-G0021-0-202312
Source: G-99-Public

THANK YOU FOR YOUR GENEROUS SUPPORT!

All donations received are managed by SGH Health Development Fund, part of SingHealth Fund (SHF), an Institution of a Public Character (UEN 201624016E).

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