

Donation Form

I would like to make a gift to **Medicine Academic Clinical Programme's Future of Medicine Fund** to advance academic activities and enhance the Future of Medicine!

MY PARTICULARS			
Name	Prof / Dr / Mr / Mrs / Ms /Mdm		
Company Name			
*NRIC/FIN/UEN		Email	
Mailing Address			
Contact Number	(H)	(O)	(HP)

**All donors are required to provide their Singapore Tax Reference number (e.g. NRIC/FIN 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.*

For SingHealth staff only

Institution: _____
Employee Number: _____

Singapore tax residents are eligible for a tax deduction that is 2.5 times the gift value

MY GIFT (please tick one)

- I would like to make a **monthly** donation of:
- \$100 \$50 \$30 Others: \$ _____ (please specify)
- I would like to make a **one-time** donation of:
- \$3,000 \$1,000 \$500 Others: \$ _____ (please specify)

PAYMENT MODE (please tick one)

- Cheque No.** _____
 (Please make cheque payable to "SHF – SGH Fund" with "Medicine ACP – Future of Medicine Fund" indicated at the back of the cheque)
- Credit Card**
- Visa Mastercard

Name of Cardholder			
Credit Card No.			
Name of Bank		Expiry Date (MM/YY)	
Signature (as in Bank Records)		Date	

- PayNow QR**



Name of Account Holder	
Transaction Date & Time	
Transaction Reference	

- 1) Launch your mobile banking application
- 2) Scan the QR code or key in UEN: 201624016ENPF
- 3) Under UEN/Bill Reference Number, please indicate **MEDACP<space>NRIC/FIN/UEN^**

^All donors are required to provide their Singapore Tax Reference number (e.g. NRIC/FIN/UEN where applicable) to enjoy tax deduction. Please be informed that without the indication of "MEDACP", your donation will go towards supporting SGH Needy Patients Fund.

- 4) For donations via PayNow, you do not need to submit a physical copy of the donation form. Please email the completed form to giftstosgh@sgh.com.sg.

GIRO

Name (as in Bank Records)													
Name of Bank							Branch						
Bank Account No.													
Signature/Thumbprint (as in Bank Records)							Date						

- 1) I/We hereby authorise SingHealth Fund (SHF-SGH Fund) to debit my/our account.
- 2) You are entitled to reject SingHealth Fund (SHF-SGH Fund) debit instructions if my/our account does not have sufficient 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.
- 3) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through SingHealth Fund (SHF-SGH Fund).
- 4) To expedite GIRO processing, please sign according to your bank records or go to the branch with your identification for thumbprint.

PDPA: (Please tick ✓ where applicable)

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.

In addition:

By ticking this box, I agree to any of the SingHealth Organisations sending me information and/or contacting me via voice call, SMS, post/mail and email 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.

SGH Health Development Fund is part of SingHealth Fund (UEN 201624016E) an Institution of Public Character. All donations received are managed and administered by SingHealth Fund.

Please send the completed form and cheque (if applicable) to:

SGH Development Office
Outram Community Hospital / SingHealth Tower
10 Hospital Boulevard, Level 6
Singapore 168582

For more information, please email giftstosgh@sgh.com.sg or call 6326 6728 / 6326 6378.

FOR INTERNAL USE ONLY

For SingHealth Fund – SGH Official Use Only

7	1	7	1	0	0	3	0	0	3	9	4	5	3	4	6	9
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SHF-SGH Reference

--	--	--	--	--	--	--	--	--	--	--	--

For Bank's Official Use Only **To: SHF-SGH Fund**

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

- | | |
|---|--|
| <input type="radio"/> Signature/Thumbprint differs from Financial Institution's records | <input type="radio"/> Amendments not countersigned by customer |
| <input type="radio"/> Signature/Thumbprint is incomplete/unclear | <input type="radio"/> Wrong account number |
| <input type="radio"/> Account operated by Signature / Thumbprint | <input type="radio"/> Others |

Name of Approving Officer

Authorised Signature & Date

THANK YOU VERY MUCH FOR SUPPORTING THE FUTURE OF MEDICINE!