

2022 Do Good Together Staff Giving Campaign

1 April to 29 April 2022

#igivebecauseibelieve

Yes! I want to support Patient Care!

My Gift (Please tick the box beside the fund name(s) and indicate your gift amounts)			
Fund Name	Gift Amt (\$)	Fund Name	Gift Amt (\$)
<input type="checkbox"/> Healthy Communities Fund		<input type="checkbox"/> Music Therapy	
<input type="checkbox"/> Nursing Innovation Fund		<input type="checkbox"/> SGH Nursing Advance Fund	
<input type="checkbox"/> SGH Needy Patients Fund			

Personal Details			
Name** (as per NRIC / FIN)	Prof / Dr / Mr / Ms / Mdm		Gender: M / F
Employee No. **		NRIC No. / FIN** (mandatory for tax deduction)	
Mobile Number		Department**	
		ACP (if applicable)	
Mailing Address			
Email address**			

**Mandatory for 250% tax benefits and gift processing purposes

Referral Campaign (The person who referred you to give can win an OSIM uRegal massage chair)
Colleague's Full Name: _____
Colleague's Employee Number: _____

Confidential

Ways to Give (please select one)

Online Giving

You may give one-time or monthly via [Give.Asia](https://www.giveasia.com) for these funds by scanning these QR codes

<input type="checkbox"/> Healthy Communities Fund	<input type="checkbox"/> Nursing Innovation Fund	<input type="checkbox"/> SGH Needy Patients Fund
		

Date of my gifts: _____

PayNow



1. Launch your mobile banking application and scan the QR code on the left
2. Key in the desired donation amount
3. Please indicate your NRIC/FIN/UEN in the reference field to enjoy 250% tax deductions
4. Kindly let us know:
 - Date of my gifts: _____
 - Gifts amount via PayNow: S\$ _____

Kindly indicate the funds you wish to support with this form. Without the form and indications, donations received via PayNow will go towards SGH Needy Patients Fund

Credit/ Debit Card

- Monthly One-Time
 VISA MASTERCARD

Name of Card Holder: _____

Card No: - - -

Expiry Date: _____ (MM/YY) Name of Bank: _____

Gifts amount via Credit Card: S\$ _____

Cheque (Please make cheque payable to "SHF-SGH FUND")

Name of Bank & Cheque No.: _____

Gift Amount via Cheque S\$ _____

Mail your cheque to **SGH Development Office**
10, Hospital Boulevard, Level 6, Singapore 168582

Confidential

Personal Data Protection Act (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.

Thank you so much for your generous support

Kindly email your completed donation form to finance.dev@sgh.com.sg

For enquiries, please contact us at:

Tel: 6326 6728 / 6326 6378, or

Email: giftstosgh@sgh.com.sg

All donations received are managed and administered by SingHealth Fund (UEN 201624016E), an Institution of Public Character. All donors are required to provide their Tax Reference number (e.g. NRIC/FIN/UEN where applicable) to enjoy tax deduction of 250% for eligible donations from now till 31 December 2023. Eligible donation will be automatically included in the donor's IRAS tax assessment and receipt will only be issued upon request by emailing us. For more information, please refer to www.iras.gov.sg.