

YOUR GIFT TODAY PAVES THE WAY FOR A HEALTHIER FUTURE FOR SINGAPORE

Singapore General Hospital (SGH) sees over 1 million patients every year and many of them are subsidised patients. Despite prevailing subsidy schemes, many of our patients still face challenges in covering the cost of clinical care, and indirect costs like milk feeds, interim dialysis and equipment.

Your gift today will help needy patients with financial assistance to access medical treatment and care in a timely manner.

No amount is too small.

GIVING IS MORE IMPACTFUL THAN EVER

You can support **SGH Needy Patients Fund** or any other cause that is close to your heart. 100% of your donation will go towards your gift intent.

#SGUNITED, TOGETHER WE CAN!

Immediate Impact Giving

Give a one-time donation to achieve an immediate impact, e.g. \$100 provides 1 month's supply of milk feeds to a patient on tube feeding.

Sustainable Giving

Making a monthly gift creates a sustainable impact, ensuring timely and on-going support to the families and patients in need without lapses.

**You hold the POWER
to MAKE A DIFFERENCE in
someone's life!**

“For those who have given, I really appreciate it because it's not a matter of how little or much, but it is your heart that's willing to help the needy.”

Ms Priscilla Phua,
a beneficiary of SGH Needy Patients Fund



**SGH Development Office
SingHealth Tower
10 Hospital Boulevard, Level 6
Singapore 168582**

For more information, please

6326 6728/6326 6378
giftstosgh@sgh.com.sg

Valid for internal mail only

STAFF DONATION FORM



**LENDING HELP,
GIVING
HOPE**

Where your gift is truly felt



Singapore
General Hospital
SingHealth



THE IMPACT OF YOUR GIFT



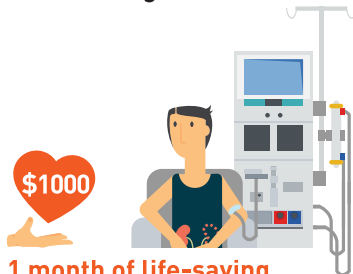
1 month's supply of diapers for a patient with mobility impairment



1 month's supply of milk feeds for a patient on tube feeding



5 months' worth of nutritional supplements for a cancer patient



1 month of life-saving dialysis for a patient with kidney failure



Brings life-transforming mobility through a motorised wheelchair to a physically-challenged patient



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

MY GIFT:

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

IN SUPPORT OF:

☐ SGH Needy Patients Fund

☐ Others: _____

MY PARTICULARS

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

Employee No _____ NRIC/FIN* _____

Department _____ Contact No _____

Email _____

Mailing Address _____

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)

Signature (as in Bank Records) _____ Date _____

☐ **PayNow QR** (For SGH Needy Patients Fund only)



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

*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.

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.

☐ 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.

For SingHealth Fund — SGH Official Use Only

Bank Branch SHF-SGH Fund's A/C No

SHF-SGH Reference

For Bank's Official Use Only

To : 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 number
☐ Others

Name of Approving Officer

Authorised Signature & Date

THANK YOU FOR YOUR GENEROUS SUPPORT!