

## Yes! Count me in!

I support the SingHealth Foundation and wish to make a pledge/donation.

### 是的! 算我一份!

我支持新保集团基金会, 并且愿意作出一项捐献承诺/捐献



#### One-Time Donation 一次性捐献

I enclose a cross cheque/credit card donation for

S\$ 志银 \_\_\_\_\_

Cheque No. 支票号码 \_\_\_\_\_

(Please make cheque payable to "SingHealth Foundation")  
(请在支票上划线, 并写上 "SingHealth Foundation")

#### Regular Donations 定期捐献

I would like to contribute on a monthly basis by

GIRO 财路  Credit Card 信用卡 For an amount of: 数额是:

S\$5 新元  S\$10 新元  S\$20 新元  others 其他 \_\_\_\_\_

### DONOR'S PARTICULARS 捐款人资料

Please fill in details where appropriate. 请在恰当的地方填写详情

Name of Donor 捐献者姓名 (Prof 教授 / Dr 博士 / Mr 先生 / Mrs 太太 / Ms 小姐) \_\_\_\_\_

\*NRIC/FIN No. \*身份证/外籍人识别号码 \_\_\_\_\_

Date of birth (dd日/mm月/yy年) \_\_\_\_\_ (Male 男 / Female 女)

Corporate Donor 企业捐献者 \_\_\_\_\_

\*Company Registration No. \*公司注册号码 \_\_\_\_\_

Name 名称 / Designation of Contact Person 联系人职衔 \_\_\_\_\_

Tel 电话 (Home 住家) \_\_\_\_\_ (Office 办事处) \_\_\_\_\_

(HP 手机) \_\_\_\_\_

Email 电邮址 \_\_\_\_\_

Mailing Address 邮寄地址 \_\_\_\_\_

\_\_\_\_\_ Postal Code 邮编 \_\_\_\_\_

Signature 签名 \_\_\_\_\_ Date 日期 \_\_\_\_\_

\*Please write your NRIC/FIN number or Company Registration Number so that your donation will be automatically included in your tax assessment by IRAS.

A consolidated tax deductible receipt for your total donations will be sent to you at the end of the year.

### By GIRO 财路 (如果您用财路捐款, 请填写这部分。)

(Please fill in this portion if you are donating through GIRO)

银行名称 \_\_\_\_\_ 分行 \_\_\_\_\_  
Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_

Name as in Bank record 银行记录的姓名 \_\_\_\_\_

银行户口号码 \_\_\_\_\_  
Bank Account Number \_\_\_\_\_

X \_\_\_\_\_

#### Thumbprint/Signature & Date 指纹/签名以及日期

To minimise processing costs to SingHealth Foundation, please sign according to your bank records or go to the branch with your identification for thumbprint.  
Name of billing organisation: SINGHEALTH FOUNDATION

- 1) I/We hereby authorise SingHealth Foundation to debit my/our account.
- 2) You are entitled to reject SingHealth Foundation's 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 charge 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 Foundation.

### By Credit Card 信用卡 (Visa/Mastercard)

(Please fill in this portion if you are donating through credit card)  
(如果您用信用卡捐款, 请填写这部分。)

No. \_\_\_\_\_

银行名称 \_\_\_\_\_ 失效日期 \_\_\_\_\_  
Name of Bank \_\_\_\_\_ Expiry Date \_\_\_\_\_

X \_\_\_\_\_

Signature (as in Bank records) & Date 银行记录的签名以及日期

### For SingHealth Foundation Official Use Only

Bank \_\_\_\_\_ Branch \_\_\_\_\_ SingHealth Foundation's A/C No. \_\_\_\_\_  
7 3 7 5 0 0 1 3 5 2 3 2 9 4 7 5 8

SHF Reference \_\_\_\_\_  
\_\_\_\_\_

\*请注明您的 NRIC/FIN 号码或公司注册号码。这样, 您的捐款便可由国内税务局自动记入您的税单内。

我们将会在年底邮寄给您一张有关您的捐款总数的总结扣收收据。

**For Bank's Official Use Only** To: SingHealth Foundation. This Application is REJECTED due to the following (please tick)

- Signature / Thumbprint\* differs from Financial Institution's records
- Amendments not countersigned by customer
- Signature / Thumbprint\* is incomplete / unclear
- Wrong account number
- Account operated by Signature / Thumbprint\*
- Others \_\_\_\_\_

\_\_\_\_\_  
Name of Approving Officer

\_\_\_\_\_  
Authorised Signature