Apply Glue Here Do Not Staple Apply Glue Here

Yes! Count me in!

I support the Tooth Fairy Fund and wish to make a pledge/donation.

☐ **One -Time Donation**
I enclose a cross cheque/credit card donation for

☐ $20 ☐ $50 ☐ $100 ☐ Others

S$ _____ Cheque No. _____
(Please make cheque payable to "**SingHealth Foundation**", *indicate "Tooth Fairy Fund" at the back of the cheque.)*

☐ **Regular Donations**
I would like to contribute on a monthly basis by

☐ GIRO ☐ Credit Card For an amount of

☐ $5 ☐ $10 ☐ $20 ☐ Others _____

DONOR'S PARTICULARS

Please fill in details where appropriate.

Name of Donor (Prof/Dr/Mr/Mrs/Ms):

_____

*NRIC/FIN No. _____

Date of birth (dd/mm/yy) _____ (Male / Female)

Corporate Donor _____

*Company Registration No. _____

Name / Designation of Contact Person

_____

Tel (Home) _____ (Office) _____

(HP) _____

Email _____

Mailing Address _____

_____ Postal Code _____

Signature _____ Date _____

**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

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

Name of Bank _____ Branch _____

Name as in Bank record

_____

Bank Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐

X _____

Thumbprint / Signature & Date

To minimise processing costs to SingHealth Foundation, please sign according to your bank records or go to the branch with your identification 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 SingHeath Foundation's debit instructions if my/our account does not have sufficient funds and charge me/us for 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 change 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/own written revocation through SingHealth Foundation.

By Credit Card (Visa/Mastercard)

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

No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Name of Bank _____ Expiry Date ☐☐☐☐

X _____

Signature (as in Bank records) & Date

For Singheath 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

☐☐☐☐☐☐☐☐☐☐☐☐

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
- ○ Signature / Thumbprint* is incomplete / unclear
- ○ Account operated by Signature / Thumbprint*
- ○ Amendments not contersigned by customer
- ○ Wrong account number
- ○ Others _____

Name of Approving Officer

Authorised Signature

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Please cut along dotted lines

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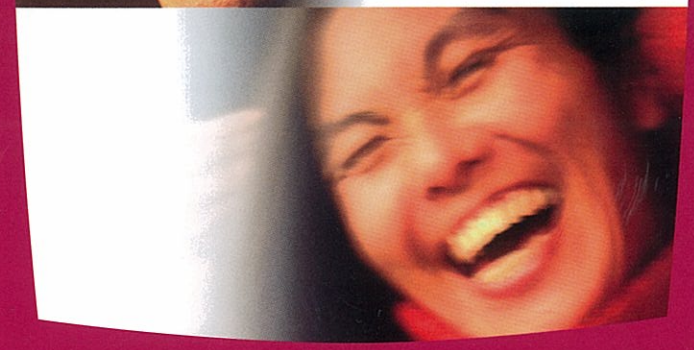
Please cut along dotted lines

bringing **smiles** to the **needy**



TOOTH FAIRY FUND

National Dental Centre SingHealth

SingHealth foundation

Partner: Oral-B

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