



## **DONATION FORM**

To make a donation to the KK Hospital Health Endowment Fund, please fill in the following details as applies. For monthly donations via GIRO, please fill in this form and a separate GIRO form (also downloadable from our website). Thank you!

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### **Personal / Company Details**

**Individual**

Name: (Dr / Mr / Mrs / Ms /Mdm) \_\_\_\_\_

Address: \_\_\_\_\_

Tel: (hp) \_\_\_\_\_ (h) \_\_\_\_\_ (o) \_\_\_\_\_

NRIC No: \_\_\_\_\_ Email: \_\_\_\_\_  
(for automatic tax exemption by IRAS)

**Corporate**

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person : (Dr / Mr / Mrs / Ms /Mdm) \_\_\_\_\_

Department / Designation : \_\_\_\_\_

Tel: (hp) \_\_\_\_\_ (o) \_\_\_\_\_

Company Registration No: \_\_\_\_\_ Email: \_\_\_\_\_  
(for automatic tax exemption by IRAS)

### **Preferred Contribution**

**Monthly Contribution**

With effect from: \_\_\_\_\_(day) \_\_\_\_\_ (month) \_\_\_\_\_(year)

**One-time Donation**

Amount:

S\$500     S\$200     S\$100     S\$50     S\$20     Other amt : S\$ \_\_\_\_\_



**Donation mode**

I would like to make my one-time contribution by cheque.

Cheque of S\$ \_\_\_\_\_ (Bank & Cheque No. \_\_\_\_\_)  
Cheque should be made payable to : **KK Hospital Health Endowment Fund**

I would like to make my one-time / monthly contribution by credit card.

VISA / Mastercard / American Express card (please delete as appropriate)

Card No: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Signature: \_\_\_\_\_

I would like to make my monthly contribution by GIRO (please complete GIRO form)

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We will send a tax-exemption receipt for donations of S\$50 and above. Tax exemption receipts for monthly donations will be provided at the end of each calendar year. You may cancel your pledge any time by giving the KK Hospital Health Endowment Fund one-month's written notice.

***Thank you for your donation !***