



KK REGIONAL OUTREACH TO KIDS

DONATION FORM

To make a donation to the KK Regional Outreach to Kids 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!

Personal / Company Details

Individual

Name: (Dr / Mr / Mrs / Ms /Mdm) _____

Address: _____

Tel: (hp) _____ (h) _____ (o) _____

NRIC No: _____ Email: _____

Corporate

Company name: _____

Address: _____

Contact person : (Dr / Mr / Mrs / Ms /Mdm) _____

Department / Designation : _____

Tel: (hp) _____ (o) _____

Company Registration No: _____ Email: _____

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***
Please indicate KKROK behind the cheque

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)

You may cancel your pledge any time by giving the KK Hospital Health Endowment Fund one-month's written notice.

Please note that there is no tax exemption for donation to the KK Regional Outreach to Kids Fund.

Thank you for your donation !