



## DONATION FORM

### I/We would like to make:

- a one-time gift of S\$ \_\_\_\_\_ to the Rare Disease Fund
- a monthly gift of S\$ \_\_\_\_\_ to the Rare Disease Fund with effect from \_\_\_\_\_ (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year)

*All donations will go towards supporting the expendable component of the Fund.*

### Personal / Company Details

All donations received are managed by SingHealth Fund (SHF), an Institution of Public Character (UEN 201624016E). All donors are required to provide their Tax Reference number (e.g. NRIC/FIN/UEN where applicable) to enjoy tax deduction. The donation will be automatically included in the donor's IRAS tax assessment. As such, we will not be sending any official receipt, unless upon written request by the donor.

*Fields marked with an asterisk (\*) are compulsory for the processing of tax deduction.*

\*Name: (Dr / Mr / Mrs / Ms /Mdm) \_\_\_\_\_  
(as in NRIC / FIN/ UEN)

\*NRIC / FIN / UEN No: \_\_\_\_\_

\*Name/Designation of Contact Person (for corporate): \_\_\_\_\_

\*Address: \_\_\_\_\_  
\_\_\_\_\_ Singapore \_\_\_\_\_

\*Tel: (m) \_\_\_\_\_ (h) \_\_\_\_\_ (o) \_\_\_\_\_

\*Email: \_\_\_\_\_

\*Authorised Signatory and Date: \_\_\_\_\_  
*Please include Company Stamp (for corporate donation)*

### 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: **SingHealth Fund – Rare Disease Fund**

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

VISA / Mastercard (please delete as appropriate)

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

Authorised Signatory and Date: \_\_\_\_\_



I would like to make my **monthly contribution\*\*** by GIRO.

Name of Bank & Branch \_\_\_\_\_

Name as in Bank Records \_\_\_\_\_

Bank Account Number

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X \_\_\_\_\_ (Signature as in bank records)

- 1) We hereby authorise SingHealth Fund – Rare Disease Fund (RDF) to debit my/our account.
- 2) I/You are entitled to reject SingHealth Fund – Rare Disease Fund (RDF) debit instructions if my/our account if my/our account does not have sufficient funds and charge me/ us for this.
- 3) This authorization 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 – Rare Disease Fund (RDF).
- 4) To expedite GIRO processing, please sign according to your bank records or go to the branch with your identification for thumbprint.

FOR RDF USE ONLY		
Bank	Branch	RDF
7171	003	0039483066
<b>RDF Reference</b>		
KKHHFGR		
<b>FOR BANK USE ONLY</b>		
<b>To RDF</b>		
<b>This application is REJECTED due to the following (please tick):</b>		
[ ] 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 No.		
[ ] Others		
_____	_____	
Name of Approving Officer	Authorised Signature & Date	

\*\*For monthly donations, donors may cancel their pledge at any time by giving a one month’s written notice to the KKH Development Department at [development@kkh.com.sg](mailto:development@kkh.com.sg).



**How did you get to know us?**

- KKH Website     Newspapers/Magazines     Facebook     Family/friends     E-card  
Others (please specify): \_\_\_\_\_

**PERSONAL DATA PROTECTION**

I/We consent to the SingHealth Institutions and their successors or assigns collecting, using and/or disclosing my personal data for purposes of processing my donations and such other reasonably related purposes set out in the SingHealth Data Protection Policy available at [SingHealth-Grp-Data-Protection-Policy-2020-07.pdf](#), section 6 “For our donors and sponsors.”

- I do want to stay connected, receive updates and be alerted on other fundraising and volunteering news and opportunities. You can reach me via the email / telephone / address or other contact particulars I have given
- By ticking this box, I wish to remain anonymous and my personal data/ donation should not be published or recognised in any form.

You can send your completed donation form and cheque (if applicable) to:

Rare Disease Fund  
c/o Development Department, Children’s Tower, Level 3  
KK Women’s and Children’s Hospital  
100 Bukit Timah Road  
Singapore 229899  
Email: [development@kkh.com.sg](mailto:development@kkh.com.sg)

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