



## **DONATION FORM**

To make a gift to the KKH Health Fund, please fill in the following details where applicable. Thank you for your generosity!

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### **Personal / Company Details**

Fields marked with an asterisk (\*) are compulsory for gift processing purposes.

*All donations received are managed by KKH Health Fund. KKH Health Fund is part of the SingHealth Fund (SHF), an Institution of a Public Character (UEN 201624016E). All eligible donations made will enjoy a tax deduction of 2.5 times the donation value at the prevailing rate. For more information, please refer to [www.iras.gov.sg](http://www.iras.gov.sg). 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.*

#### ☐ **Individual**

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

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

\*Address: \_\_\_\_\_ S(\_\_\_\_\_)

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

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

#### ☐ **Corporate**

\*Company name and Company stamp: \_\_\_\_\_

\*Company Registration No (UEN No): \_\_\_\_\_

\*Address: \_\_\_\_\_ S(\_\_\_\_\_)

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

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

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

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



### I would like to make a gift to:

- ☐ General Fund  
Amount: \_\_\_\_\_
- ☐ Mental Health Sub-Fund  
Amount: \_\_\_\_\_
- ☐ Rare Conditions Fund  
Amount: \_\_\_\_\_
- ☐ Premmies Fund  
Amount: \_\_\_\_\_
- ☐ Child Life Therapy  
Amount: \_\_\_\_\_

- ☐ Needy Patient Fund  
Amount: \_\_\_\_\_
- ☐ Kidz Horizon Appeal Fund  
Amount: \_\_\_\_\_
- ☐ Cancer Fund  
Amount: \_\_\_\_\_
- ☐ Vulnerable Mothers Programme  
Amount: \_\_\_\_\_

### Preferred Contribution

- ☐ **Monthly Contribution\***

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

- ☐ **One-time Contribution**

*\*For monthly contributions, you may cancel your pledge any time by giving the KKH Health Fund one-month's written notice at [development@kkh.com.sg](mailto:development@kkh.com.sg).*

### 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: **SHF-KKH Fund**

- ☐ I would like to make my one-time / monthly contribution by credit card: S\$ \_\_\_\_\_

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

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

I hereby authorise the charge of the donation amount as stated above to my credit card:

Credit Card Holder's Authorised Signatory and Date: \_\_\_\_\_



☐ I would like to make my monthly contribution by GIRO: S\$ \_\_\_\_\_

Name of Bank & Branch \_\_\_\_\_ Name as in Bank Records \_\_\_\_\_

Bank Account Number \_\_\_\_\_

- 1) I/We hereby authorise you to process SingHealth Fund – KKH Fund (SHF-KKH Fund)'s instruction to debit my/our account for the Donation described under the GIRO section.
- 2) You are entitled to reject SHF-KKH Fund debit instructions if my/our account has insufficient funds and charge me/ us a fee for this. You may also at its discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- 3) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you; upon your receipt of my/our written revocation; or upon your receipt of my/our written revocation through SHF-KKH Fund.

X \_\_\_\_\_

(Authorised Signature(s) / Thumbprint as in bank records)

\_\_\_\_\_ Date

To expedite GIRO processing, please sign according to your bank records or go to the branch with your identification for thumbprint. An original wet-ink signed form is required by banks for processing.

**FOR SHF-KKH FUND USE ONLY**

Bank  
7171

Branch  
003

SHF-KKH Fund  
0039453493

**SingHealth Reference**

KKHHFGR					
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**FOR BANK USE ONLY**

**To SHF-KKH Fund**

**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 countersigned by customer
- [ ] Wrong Account No.
- [ ] Others: \_\_\_\_\_

\_\_\_\_\_  
Name of Bank's Approving Officer

\_\_\_\_\_  
Authorised Signature & Date

#Please delete where inapplicable.



### 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 <https://www.singhealth.com.sg/pdpa>.

[ ] 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.

[ ] 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 to:

KKH Health Fund  
c/o Development Department, Children's Tower, Level 3  
KK Women's and Children's Hospital  
100 Bukit Timah Road  
Singapore 229899  
Email: kkhhf@kkh.com.sg

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