



Rain or Shine

Thank you for Giving Hope and Saving Lives



Donate monthly at www.kkh.com.sg/GIVE

KKH Health Fund

Monthly Donation Form

Monthly Donation Form

I GIVE monthly because every woman and child deserves good health!

To thank you for your kind donation, you will be given a GIVE token of appreciation, kindly indicate your preference as below:

- ☐ \$6 Choose one: < GIVE blue water bottle > ☐ < GIVE pink water bottle > ☐
- ☐ \$16 Choose one: < GIVE blue umbrella > ☐ < GIVE pink umbrella > ☐
- ☐ \$60 Choose one: < GIVE blue inverted umbrella > ☐ < GIVE pink inverted umbrella > ☐
- ☐ Other amount (\$2 and above): S\$_____ < GIVE blue magnet photo frame > ☐ < GIVE pink magnet photo frame > ☐
- ☐ Old amount: S\$_____ upgrade to New amount: S\$_____ < GIVE token: _____ >

Personal Details

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

NRIC / FIN No.: _____

Address: _____

Tel: _____ Email: _____

Monthly Donation Mode

Payroll (for KKH Staff only)

☐ I hereby authorize SHF – KKH Fund to deduct the stated amount from my salary every month. The first deduction will be effective from the following month, upon receipt of this instruction. I understand that my pledge will remain valid till I give written authorization to KKH Development Department to change it.

Employee Number: _____ Institution / Department: _____

Signature: _____ Date: _____

Credit Card

☐ I would like to make my monthly contribution by credit card.

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

Card Number: _____ Expiry Date: _____

Signature: _____ Date: _____

Giro

☐ I would like to make my monthly contribution by GIRO.

☐ I have completed this form and the separate bank GIRO form (refer to Annex A).

For monthly donations, donors may cancel their pledge at any time by giving the KKH Development Department a one month's written notice.

About KKH Health Fund – Part of SingHealth Fund

The KKH Health Fund (KKHHF) is part of the SingHealth Fund (SHF) – which was incorporated on 2 September 2016 as a Company Limited by Guarantee to operate charity funds for the SingHealth cluster. All donations to the KKHHF are ring-fenced under SHF for KKHHF purposes and will be used in accordance with the donors' intent for women's and children's causes. As an Institution of Public Character (IPC), SHF is committed to maintaining the highest standards of governance and abides by the Code of Governance for Charities and IPCs. Donations to the KKHHF through SHF are tax deductible.

Tax-Deduction Clause

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.

Personal Data Protection

By providing my particulars as requested in this form, I, the Donor understand and acknowledge that I am deemed to have given consent to the relevant SingHealth organisations and their successors or assigns (collectively 'Organisations' as detailed in the SingHealth Data Protection Policy) collecting, using and/or disclosing my personal data, and disclosing my personal data to each other (as may be necessary) for the purpose of processing my donations and such other reasonably related purposes as may be set out in the SingHealth Data Protection Policy available at www.singhealth.com.sg/pdpa.

In Addition:

- ☐ By ticking this box, I agree to any of the SingHealth Organisations sending me information and/or contacting me via voice call or SMS on their fundraising campaigns, volunteer recruitment, social outreach and other related topics and events. I confirm and agree that my consents granted herein do not supersede or replace any other consents which I may have previously provided to each of the Organisations in respect of my personal data, and are additional to any rights which the Organisations may each individually have at law to collect, use or disclose my personal data.

- ☐ I wish to remain anonymous and my personal data/donation should not be publicized or recognized in any form

Please complete and send to:

KKH Health Fund c/o Development Department
KK Women's and Children's Hospital
100 Bukit Timah Road
Singapore 229899
Tel: 6394 3922
Email: Development@kkh.com.sg
Web: www.kkh.com.sg/GIVE