



## KK REGIONAL OUTREACH TO KIDS

### DONATION FORM

To make a donation to the KK Regional Outreach to Kids (KKROK) Fund, please fill in the following details where applicable.

For monthly donations via GIRO, please fill in this form AND a separate BANK GIRO form (Refer to Annex A). Thank you!

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#### 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 : **SHF-KKH 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)

### How did you get to know us?

KKH Website     Newspapers/Magazines     Facebook     Family/friends

Others (please specify) : \_\_\_\_\_

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

You can send your completed donation form to:

KKH Health Fund  
c/o Development Department  
KK Women's and Children's Hospital  
100 Bukit Timah Road  
Singapore 229899

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

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

**KKH Health Fund**  
 KK Women's and Children's Hospital  
 100 Bukit Timah Road Singapore 229899

**APPLICATION FROM FOR INTERBANK GIRO**

Please complete PART I of this form and return to the Billing Organisation.

**PART I For Donor's Completion**

To : The Manager (Name & Address of Bank )

MY / OUR BANK A/C NAME

MY / OUR BANK A/C NO.

LIMIT OF EACH PAYMENT (exclude cents)\*

\* Please indicate the maximum amount of each payment if you wish to set a limit for each payment  
 NOTE : THE SHADED AREA IS FOR OFFICIAL USE.

NAME OF BILLING ORGANIZATION  
 SHF-KKH FUND

DONOR'S NAME

DONOR'S IC / PASSPORT / RCB NO.

(a) I/we hereby authorise you to confirm acceptance/rejection of my DDA to the Billing Organisation SHF-KKH Fund and further authorise the Billing Organisation to initiate and you to process debits to my/our account each not exceeding the limit indicated even though this may result in an overdraft or an increase of the overdraft on my/our account. You are entitled to dishonour such payments and may at your discretion levy a fee should my/our account not contain the necessary funds. You are under no obligation to ascertain the name on the record of the Billing Organisation is the same as that provided by me/us and whether or not notice of the bill underlying the debit has been given to me/us.

(b) The authorisation shall continue in force until I/we have expressly revoked it by written notice delivered to you. You may in your absolute discretion terminate this arrangement by written notice delivered to me/our address last known to you.

(c) I/we agree that you shall not be liable for any losses arising from or in any way connected with you so acting, provided that you act in good faith or unless directly caused by or resulting from you or your employees' wilful default or negligence.

My/Our Signature(s) [According to Bank's specimen signature(s)]

Date

**PART II For SHF-KKH's Official use only**

SWIFT BIC	BILLING ORGINISATION'S BANK A/C NO.
DBSSSGSG	0   0   3   -   9   4   5   3   4   9   -   3

. BILLING ORGAN'S CUST'S REF NO

SWIFT BIC	A/C NO. TO BE DEBITED

LIMIT OF EACH PAYMENT (exclude cents)

**PART III For Bank's Official use only**

To : The Manager (Name & Address of Billing Organisation)

Attn :

SWIFT BIC	BILLING ORGINISATION'S BANK A/C NO.

BILLING ORGAN'S CUST'S REF NO.

SWIFT BIC	A/C NO. TO BE DEBITED

LIMIT OF EACH PAYMENT (excludes cents)

The Direct Debit Authorisation in respect of the account mentioned herein is hereby +ACCEPTED / REJECTED.

If rejected, reason :

Authorised Signature

Name of Approving Officer :

Name of Bank :

Verified By Billing Organisation + delete inapplicable