



1 GIVE

because every woman and child deserves good health.

Donate at www.kkh.com.sg/GIVE



KKH Health Fund

Individuals Donation Form



Donation Form

I GIVE because every woman and child deserves good health!	
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I GIVE beca	ause every won	nan and child deserves good he	alth!
To thank you t	for your kind donat	ion, you will be given a GIVE token of a	appreciation, kindly indicate your preference as belov
□ \$16	Choose one:	< GIVE pink sticker > □	< GIVE blue sticker > □
□ \$160	Choose one:	< GIVE pink decal > □	< GIVE blue decal > □
□ \$1,600	Choose one:	< GIVE pink magnet photo frame > □	< GIVE blue magnet photo frame >□
Other amo	unt: S\$		
Person	al Details		
Name: (Dr / N	/Ir / Mrs / Ms / Mdm)		
NRIC / FIN	No.:		
Address:			
Tel:		Email:	
Donatio	on Mode		
□ I would lik	e to make a on	e-time donation by cheque. (Mad	de payable to SHF – KKH Fund)
Chec	que: S\$	Bank & Cheque No.:	
□ I would lik	e to make a on	e-time donation by credit card.	
VISA	A / Mastercard / A	American Express card (please delete	as appropriate)
Card	No.:		Expiry Date:
Sign	ature:		

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

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