Donation / Volunteer Form

National Cancer Centre Singapore
SingHealth

NCC FOUNDATION
Today's Research. Tomorrow's Cure.

NCC Foundation | 11 Hospital Drive | Singapore 169610
web: www.nccs.com.sg/Foundation
tel: +65 6236 9430/40 | fax: +65 6536 5503 | email: NCCFoundation@nccs.com.sg

NCC Research Fund [Charity Registration No. 01897]

Cheque payable towards "NCC Research Fund" **

NCC Research Fund Account No.: DBS 003 – 910328 – 0
Bank Code: 7171 | Branch Code: 003

My Particulars

Please select (✓) one of the following:

❑ **Personal Donation** ❑ I wish to remain anonymous.	❑ **Corporate Donation**
Title: (A/Prof, Dr, Mdm, Mr, Mrs, Ms) please circle	Title: (A/Prof, Dr, Mdm, Mr, Mrs, Ms) please circle
Surname:	Company Name:
First Name:	Contact Person:
Company:	Designation:
Designation:	Address:
Address:	
Email:	Email:
Tel (O):	Tel (O):
Mobile:	Fax:
NRIC / FIN No.:	Co. Reg. No.:
(required for tax assessment by IRAS)	(required for tax assessment by IRAS)

My Contribution

Amount: ❑ S$50 ❑ S$100 ❑ S$250 ❑ S$500 ❑ S$ _____ (please specify amount)

❑ Monthly Donation (Please complete and return GIRO form)

❑ One-time Donation:
- ❑ By Cash
- ❑ By Cheque No. _____
- ❑ By Credit Card

Please Select Card Type: ❑ VISA ❑ MasterCard ❑ AMEX ❑ Diner's Club

Card No. | | | | | | | | | | | | | | | | | Card Expiry (mm/yy): | | | | |

Name of Bank: _____

Name on Card: _____

Signature

❑ I would like to **volunteer** in NCC's philanthropic mission. Please send me more information.
❑ I would like to honor / memorialize _____ (please specify title and name).

Please send the completed form to the:

NCC Foundation | National Cancer Centre Singapore | 11 Hospital Drive | Singapore 169610

Thank You!

***All outright cash donations qualify for double tax exemptions.*