

Please send your form to:  
**Community Partnership (Division of Community Outreach & Philanthropy)**  
 30 Hospital Boulevard | Singapore 168583  
 Tel: +65 6436 8000 | Email : donate@nccs.com.sg  
 Web: www.nccs.com.sg

**My Particulars** *(Please tick (✓) where applicable)*

**Individual Donation**     **Corporate Donation** *(Please specify name of contact)*

Full Name (Please underline surname) Dr/Mr/Mrs/Ms: \_\_\_\_\_

NRIC/FIN/UEN No: \_\_\_\_\_ *(For tax deduction)*

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Company: \_\_\_\_\_ Designation: \_\_\_\_\_

Address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Mobile: \_\_\_\_\_ Office No.: \_\_\_\_\_

**Tax-Deduction Clause**  
*All donations received are managed by SingHealth Fund (SHF), an Institution of a 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.*

**I would like to make a**

**One-Time Donation**     **Monthly Donation** *(Please specify)*

Amount:     S\$10     S\$25     S\$50     S\$ \_\_\_\_\_ *(please specify amount)*

**My Donation Via Cheque**

**By Cheque No.:** \_\_\_\_\_ *(Please make cheque payable to: "NCCS Cancer Fund")*

**Name of bank:** \_\_\_\_\_

**Please Note:**  
 1) Eligible donations will enjoy a 250% tax deduction.  
 2) Donations must reach NCCS before 15<sup>th</sup> December for processing and be included in time for tax assessment in the same year.  
 3) Please return the original copy of this form with all required details including the Personal Data Protection consent below.

**DONOR CONSENT FOR COLLECTION AND USE OF PERSONAL INFORMATION**

**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.*
- By ticking this box, I wish to remain anonymous and my personal data/ donation should not be published recognised or in any form.*

## My Donation Via Credit Card/GIRO

**By Credit Card**

Please Select Card Type:     VISA     MasterCard

Card No.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td> </tr> </table>																			Card Expiry (mm/yy):	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td> </tr> </table>				

Name of Bank: .....

Name on Card: .....

I hereby authorize the charge of donation amount as indicated in this form to my above credit card.

**X** \_\_\_\_\_  
*Authorised Signature (s) / Thumbprint as in bank records* *Date*

**By GIRO (For Monthly Donation Only)**

**To:** Name of Bank & Branch: .....

Name as in Bank Records: .....

Bank Account No.:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td> </tr> </table>																				

*Name of Billing Organisation (BO): SingHealth Fund – NCCS Fund*

- a. *I/We hereby instruct you to process the BO's instructions to debit my/our account.*
- b. *You are entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.*
- c. *This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through the BO.*

**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.**

**i) FOR SINGHEALTH FUND OFFICIAL USE ONLY**

<b>Bank</b>	<b>Branch</b>	<b>SingHealth Fund-NCCS Cancer Fund</b>																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 4%;">7</td><td style="width: 4%;">1</td><td style="width: 4%;">7</td><td style="width: 4%;">1</td> </tr> </table>	7	1	7	1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 4%;">0</td><td style="width: 4%;">0</td><td style="width: 4%;">3</td> </tr> </table>	0	0	3	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 4%;">0</td><td style="width: 4%;">0</td><td style="width: 4%;">3</td><td style="width: 4%;">-</td><td style="width: 4%;">9</td><td style="width: 4%;">4</td><td style="width: 4%;">8</td><td style="width: 4%;">3</td><td style="width: 4%;">0</td><td style="width: 4%;">5</td><td style="width: 4%;">-</td><td style="width: 4%;">8</td> </tr> </table>	0	0	3	-	9	4	8	3	0	5	-	8
7	1	7	1																		
0	0	3																			
0	0	3	-	9	4	8	3	0	5	-	8										
<b>SingHealth Fund-NCCS Cancer Fund Reference</b>																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td> </tr> </table>					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td> </tr> </table>					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td><td style="width: 4%;"> </td> </tr> </table>											

**ii) FOR BANK'S OFFICIAL USE ONLY**

**To SingHealth Fund-NCCS Cancer Fund**

**This application is REJECTED due to the following (please tick):**

<input type="checkbox"/> Signature/Thumbprint differs from Financial Institution's records	<input type="checkbox"/> Amendments not countersigned by customer
<input type="checkbox"/> Signature/ Thumbprint is incomplete/ unclear	<input type="checkbox"/> Wrong Account No.
<input type="checkbox"/> Account operated by Signature/ Thumbprint	<input type="checkbox"/> Others (Reason : .....)

.....  
 Name of Bank's Approving Officer Authorised Signature & Date