

Please send your form to:
Community Partnership (Division of Community Outreach & Philanthropy)
 11 Hospital Crescent | Singapore 169610
 Tel: +65 62369440 | 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 NCCS Cancer Fund, part of 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.

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) All outright donations qualify for 250% tax deduction.
- 2) Donations must reach NCCS before 15th 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 [SingHealth-Grp-Data-Protection-Policy-2020-07.pdf](#), section 6 "For our donors and sponsors."

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[] By ticking this box, I wish to remain anonymous and my personal data/ donation should not be published or recognised in any form.

My Donation Via Credit Card/GIRO

By Credit Card

Please Select Card Type: VISA MasterCard

Card No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Card Expiry (mm/yy):

--	--	--	--

Name of Bank: _____

Name on Card: _____

By GIRO (For Monthly Donation Only)

Name: _____ (As Per Bank's Records)

NRIC/FIN/UEN No.: _____

Name of Bank: _____

Name of Branch: _____

Bank Account No.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

- 1) I/We hereby instruct you to process the BO's instructions to debit my/our account.
- 2) 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.
- 3) 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.

Name

*Signature/Date

***Donor's signature is required for authorization of credit card or GIRO deductions.**

For Billing Organisation's Completion

Swift BIC

Billing Organisation's Account No.

Billing Organisation's Customer Ref No .

DBS SSGSG

003-948305-8

Swift BIC

Account No. To Be Debited

For Bank's Completion

To: Billing Organisation

This Application is hereby REJECTED (please tick) for the following reason(s):

- Signature/Thumbprint* differs from Bank's records
- Signature/Thumbprint* incomplete/unclear*
- Account operated by signature/thumbprint*
- Wrong account number
- Amendments not countersigned by customer/BO
- Other reason(s): _____

Name of Approving Officer

Authorised Signature/Date

Thank You for Your Support!