

NATIONAL HEALTHCARE GROUP FUND (NHG Fund)

DONATION FORM

1. I would like to make a difference to the pursuit of medical research and promotion, development and provision of health related services that will benefit the Singapore Community by making the following donation to the National Healthcare Group Fund (NHG Fund).
2. I am donating the sum of S\$_____ through the following method:
 - Cash
 - Cheque (payee name: National Healthcare Group Fund)
Bank / Cheque No.: _____
 - Monthly Giro¹:
 - By own arrangement
 - By NHG Fund's GIRO collection service (please fill up attached INTERBANK GIRO form)
 - One-time donation via Giro:
 - By own arrangement
 - By NHG Fund's GIRO collection service (please fill up attached INTERBANK GIRO form)
3. I would like a tax exempt receipt as I am entitled to enjoy tax deduction (applicable to Singapore tax-payers only).
 - Yes
 - No
4. In compliance with the Personal Data Protection Act 2012 (PDPA), I hereby give consent to the NHG Fund Contact Person to collect my personal data and contact information (as declared below) and the data collected may be used and disclosed for the purposes of issuing tax exempt receipts, mailing of thank you cards / letters, and other related donor management activities.

Contact Information

Name (as stated in NRIC / passport)*: _____

Company (If donation is made by the company)*: _____

NRIC / FIN no.: / Company Business Registration no. (delete where appropriate)*: _____

Tel number: _____

Mailing address*: _____

Email: _____

(Fields marked with an asterisk* are required for issuing of tax exempt receipts.)

5. I am aware that I can withdraw this consent and / or provide feedback (concerns, queries or complaints) about NHG Fund's personal data protection policies and practices by emailing the NHG Fund Contact Person at Joan_EH_Koh@nhg.com.sg.

Signature of donor: _____

Date: _____

¹ Monthly Giro is subjected to bank charges of \$1 for each Giro transaction.