



National Dental  
Centre Singapore  
SingHealth



Please return this form with your gift via mail to:  
**National Dental Centre Singapore**  
**5 Second Hospital Avenue**  
**Development Office, Level 7**  
**Singapore 168938**

## DONATION FORM

### My Gift

Monthly Donation

One-time Donation

Amount:

\$100       \$300       \$500       \$1000       \$ \_\_\_\_\_

**All eligible donations made from now until 31 December 2026 will enjoy a 250% tax deduction.**

### Type of Donation

**Personal Donation**

Name of Donor (Dr/Mr/Ms/Mdm): \_\_\_\_\_ (as per NRIC)

NRIC / FIN No\*: \_\_\_\_\_ DOB: \_\_\_\_\_

**Corporate Donation**

Name of Company and Company Stamp: \_\_\_\_\_

Contact person (Dr/Mr/Ms/Mdm): \_\_\_\_\_

UEN No.\* : \_\_\_\_\_

*\*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 and tax-deductible receipt will only be issued upon request. All donations will be administered by SingHealth Fund (UEN 201624016E), an Institution of a Public Character.*

### Donor's Particulars

Mailing Address: \_\_\_\_\_  
S ( )

Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

### Areas of Support

Patient Services, including support for needy patients

General Fund

Research and Education

## Mode of Donation

**CHEQUE** Bank & Cheque No: \_\_\_\_\_ Signature: \_\_\_\_\_  
*Please make cheque payable to "SHF-Foundation" and write "NDCS Tooth Fairy Fund" on the back of the cheque*

**CREDIT CARD**  
 VISA  Mastercard

Card No.: \_\_\_\_\_ Signature: \_\_\_\_\_  
(as appears on card)

Expiry Date: (MM/YY) \_\_\_\_\_

**GIRO**  
Name: \_\_\_\_\_  
(as per bank records)

Bank Account: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Signature: \_\_\_\_\_  
(as per bank records)

- 1) We hereby authorize SingHealth Fund to debit my/our account.
- 2) You are entitled to reject SingHealth Fund debit instructions if my/our account does not have sufficient funds and charge me/us for this.
- 3) This authorization 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 SingHealth Fund.
- 4) To expedite GIRO processing, please sign according to your bank records or go to the branch with your identification for thumbprint.

FOR SINGHEALTH FUND USE ONLY

BANK  BRANCH  SingHealth Fund (SHF-Foundation)

SingHealth Reference

FOR BANK USE ONLY

### To SingHealth Fund

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

- Signature/Thumbprint differs from Financial Institution's records
- Signature/Thumbprint is incomplete/unclear
- Account operated by Signature/Thumbprint
- Amendments not countersigned by customer
- Wrong Account No.
- Others

## Personal Data Protection Act

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 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.

## How did you get to know us?

- NDCS Website
- Facebook
- Newspaper / Magazine
- Word of Mouth
- E-card
- Others, please specify: \_\_\_\_\_

For enquiries, please email [development@ndcs.com.sg](mailto:development@ndcs.com.sg) or call: +65 6324 8929

Thank you for your donation!

Form No: FORM-SHF-D0012-0-202015

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