

# Celebrating 25 years of Improving Lives Through Oral Healthcare

Established since 1997, **National Dental Centre Singapore (NDCS)** is the nation's flagship specialty centre for oral healthcare. We thank you for journeying with us over the last 25 years as we celebrate our achievements in nurturing generations of outstanding oral health professionals, pioneering impactful research and delivering quality care for our patients. We are committed to shaping the "Future Dental Journey" through enhanced patient care and high quality clinical training backed by new innovations and smart technology.

Join us in making a difference, as we continue to transform smiles to better lives.

## HAPPY25 DONATION FORM

### My Gift

Monthly Donation  One-Time Donation

**Amount**  \$25  \$250  \$2,500  \$25,000  Others: \$

*All eligible donations made from now until 31 December 2023 will enjoy a 250% tax deduction.*

### Type of Donation

**Personal Donation**

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

NRIC/FIN No.\*:  Date of Birth:

**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:  Postal code: S(  )

Contact No.:  Email:

Authorised Signature and Date:

### Areas of Support

Patient Services, Including Support for Needy Patients  General Fund  
 Research and Education

Page 1 of 2 To complete the form, please flip over and fill in the reverse page.



Scan for more information

 [www.ndcs.com.sg/NDCS25](http://www.ndcs.com.sg/NDCS25)

# Mode of Donation

**Cheque** Bank & Cheque No.:

Please make cheque payable to "SHF-Foundation" and write "Happy25" on the back of the cheque

**Credit Card**

Card No.:

Authorised Signature of Credit Card Holder:

Expiry Date: (MM/YY)

**GIRO (for Monthly donations only)**

To: Name of Bank & Branch:

Name as in Bank Records:

Bank Account No.: 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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- a) I/We hereby authorise you to process SingHealth Fund - Foundation's instruction to debit my/our account for the Donation described in Section (3).
- b) You are entitled to reject SingHealth Fund - Foundation's debit instructions if my/our account has insufficient funds and charge me/us a fee for this. You may also at its 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; upon your receipt of my/our written revocation; or upon your receipt of my/our written revocation through SingHealth Fund - Foundation.

Authorised Signature(s) / Thumbprint as in back records

Date

**NOTE:** 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.

## 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)

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

NAME OF BANK'S APPROVING OFFICER

AUTHORISED SIGNATURE & DATE

Please ensure that all the information provided in the form are accurate and complete for our processing of your donation.

## Personal Data Protection Act (Please tick ✓ where applicable)

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 or recognised in any form.

## How did you get to know us?

Please tick all that apply.

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


Please return this form with your gift via mail to:

**National Dental Centre Singapore 5  
Second Hospital Avenue Development  
Office, Level 7 Singapore 168938**

## Enquiries?

Please contact us via phone or email:

 [development@ndcs.com.sg](mailto:development@ndcs.com.sg)

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