



## DONATION FORM

I would like to donate the following amount to the NDCS Tooth Fairy Fund.

**(Please tick)**

\$1000       \$500       \$300       \$50       \$ \_\_\_\_\_

Name: \_\_\_\_\_  
(Dr / Mr / Mrs / Ms, if applicable)      (as in NRIC / FIN / UEN and to match the name on cheque)

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

Address: \_\_\_\_\_  
\_\_\_\_\_ Singapore \_\_\_\_\_

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

**For Corporate Donors ONLY:**

Name of Contact Person: \_\_\_\_\_ Contact No: \_\_\_\_\_

Email: \_\_\_\_\_ Signature & Company Stamp: \_\_\_\_\_

I would like to make a gift in support of:

- General Fund       Research and Education
- Patient Services, including support for  
needy patients

Preferred Contribution

- Monthly Contribution
- One-time Gift

**Donation mode**

Cheque

Bank & Cheque No: \_\_\_\_\_ Signature: \_\_\_\_\_  
*Please make cheque payable to “SHF-Foundation” and write “NDCS  
Tooth Fairy Fund” on the back of the cheque as per bank records*

Credit Card

VISA

Mastercard

Card No.: \_\_\_\_\_ Signature: \_\_\_\_\_

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

\*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 the donor makes a written request. All donations will be administered by SingHealth Fund (UEN 201624016E), an Institution of a Public Character.

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.

Please send this completed form (2 pages) and your cheque to:

National Dental Centre Singapore  
Attn: Adelyn Chong, Development Office  
5 Second Hospital Avenue  
Singapore 168938

Enquiries: development@ndcs.com.sg (email) / +65 6324 8929 (contact)

*Thank you for your donation!*