

# 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(  )

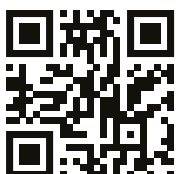
Contact No.:  Email:

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)**

Name:

(as per bank records)

Bank Account:

Name of Bank:

Branch:

Authorised 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: 7171

BRANCH: 003

SINGHEALTH FUND (SHF-Foundation)

0039452438

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

Amendments not countersigned by customer

Signature/Thumbprint is incomplete/unclear

Wrong Account No.

Account operated by 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

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?

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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# Thank you for your donation!