

Please email the completed form to:  
donation@singaporehospice.org.sg

**DONATION FORM (MINIMUM \$50 TO RECEIVE A BOOK, WHILE STOCK LASTS)**

- donate \$50 & above to receive a book\*
- \$ \_\_\_\_\_\* to receive \_\_\_\_\_ books (multiples of \$50)
- \* Eligible donation will be entitled to 2.5 times tax deduction.

Please tick as appropriate:

- Self-collect from Singapore Hospice Council office:  
133 New Bridge Rd #04-06 Chinatown Point S(059413) Tel: 6538 2231
- Deliver to the address below (Please add \$10.00 postage per book (incl. GST). Not entitled to tax deduction. Receipt will be issued upon request.)
- A donation of S\$500 and above. A FREE book-delivery to the address below.

**DONATION DETAILS - PLEASE COMPLETE IN BLOCK LETTERS**

Name / Organisation's Name - *Dr/Mr/Mrs/Ms/Mdm (Please delete)*

\_\_\_\_\_

NRIC / FIN / UEN \_\_\_\_\_ Contact No. \_\_\_\_\_  
(Necessary for automatic tax deduction)

Address \_\_\_\_\_  
\_\_\_\_\_ S ( \_\_\_\_\_ )

Email: \*\* \_\_\_\_\_

**DONATION BY CHEQUE - PLEASE ISSUE CROSSED CHEQUE TO "SINGAPORE HOSPICE COUNCIL"**

Cheque Detail: Bank \_\_\_\_\_ Cheque No \_\_\_\_\_

**DONATION BY CREDIT CARD - PLEASE TICK AS APPROPRIATE**

Name on Card: (if different from donor) \_\_\_\_\_

Credit Card No. \_\_\_\_\_ CVV2 \_\_\_\_\_

Expiry Date: \_\_\_\_\_ (MM) \_\_\_\_\_ (YYYY) Type of Card: Visa / Master

**CONSENT FOR USE AND DISCLOSURE**

By submitting this donation form, I/We fully understand and consent to your use and disclosure of our personal data for the purpose of processing donations, performing donor related activities, carrying out appeals and events, sending marketing materials and submission of donation data to the Inland Revenue Authority of Singapore for tax deduction inclusion purposes.

- I/We wish to receive an electronic copy of the Hospice Link in English / Simplified Chinese to the email above \*\*. (please delete where applicable)
- I/We do not wish to receive marketing communication materials from Singapore Hospice Council.

\_\_\_\_\_  
**Signature of Donor**

\_\_\_\_\_  
**Date**